



988 Geolocation Forum

May 24, 2022, 9:30a – 4:00p



Federal Communications Commission

U.S. Dept. of Health and Human Services

U.S. Dept. of Veterans



Federal Communications Commission
Public Safety and Homeland Security Bureau



**Location Information Evolution:
Comparing 911 and 988**

FCC Forum on Geolocation for 988
May 24, 2022

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Public Safety and Homeland Security Bureau
Federal Communications Commission

Outline

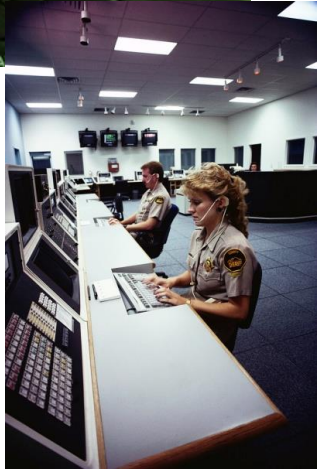
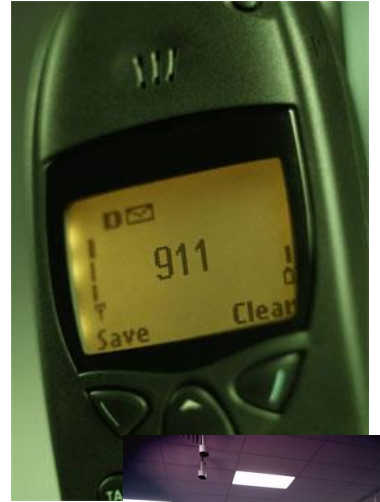
- Why is 911 Relevant to 988?
- Evolution of the Nation's 911 System
- 911 Geolocation Information: Routing the Call and Locating the Caller
- Wireline E911: Routing and Location
- Wireless E911: Routing and Location
- Recent Developments in Wireless E911 Location
- Next Generation 911
- Comparing 911 and 988

Why is 911 Relevant to 988?

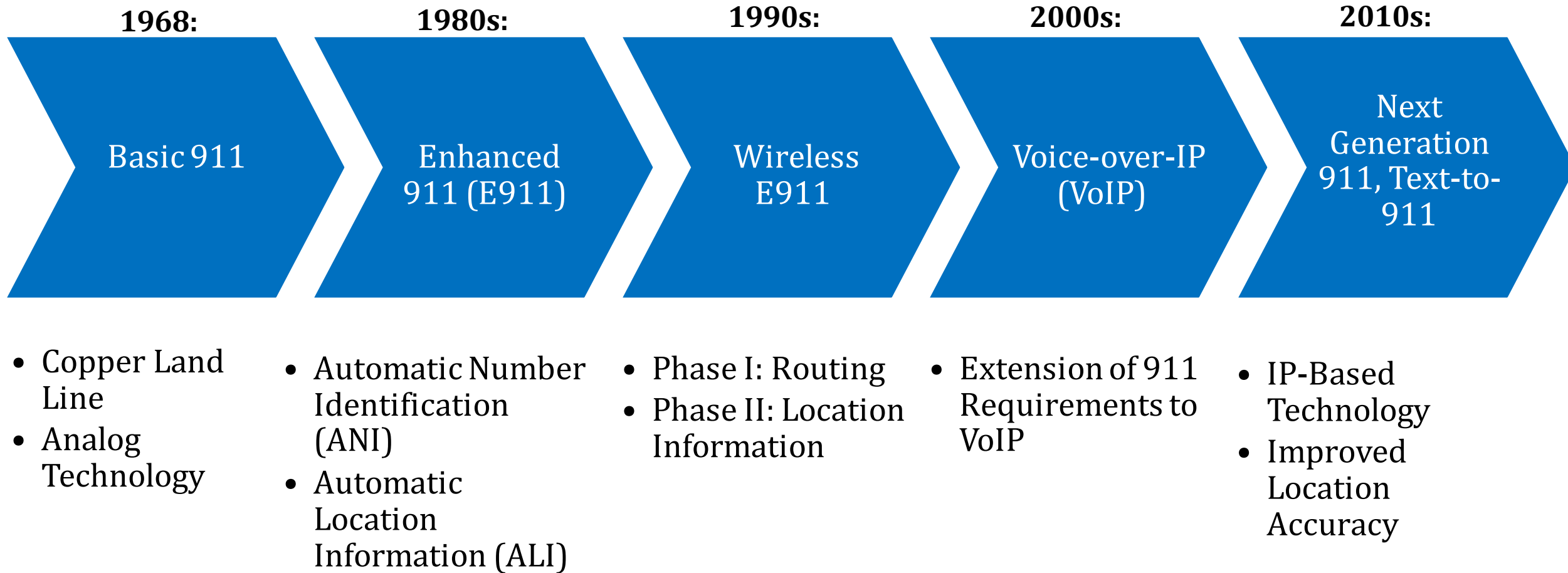
- Understanding how geolocation information is obtained and used in a 911 call provides insight into the complexities of providing location information when a caller dials 988.
- Some 911 capabilities could serve as a model for the Lifeline as it expands its capabilities.
- However, there are key distinctions between 911 and 988 services, both in terms of the underlying network infrastructure and the services provided.
- Future interaction between 911 and 988 will be an important issue going forward – including the potential for interoperability between the two systems.

911 Basics

- 911 is the public emergency call number in the US
- 220-240M 911 calls a year (75-80% are wireless)
- Over 5500 911 Public Safety Answering Points (PSAPs) or Emergency Communications Centers (ECCs) receive 911 calls
 - Mostly operated by counties and municipalities
- FCC regulates 911 capabilities of commercial providers that the public uses to call 911 (e.g., routing to the correct PSAP; provision of location information with the 911 call; text to 911)
- FCC does not regulate PSAPs/ECCs (e.g., 911 call-handling or dispatch)



The Nation's 911 System: Evolution of 911 Services



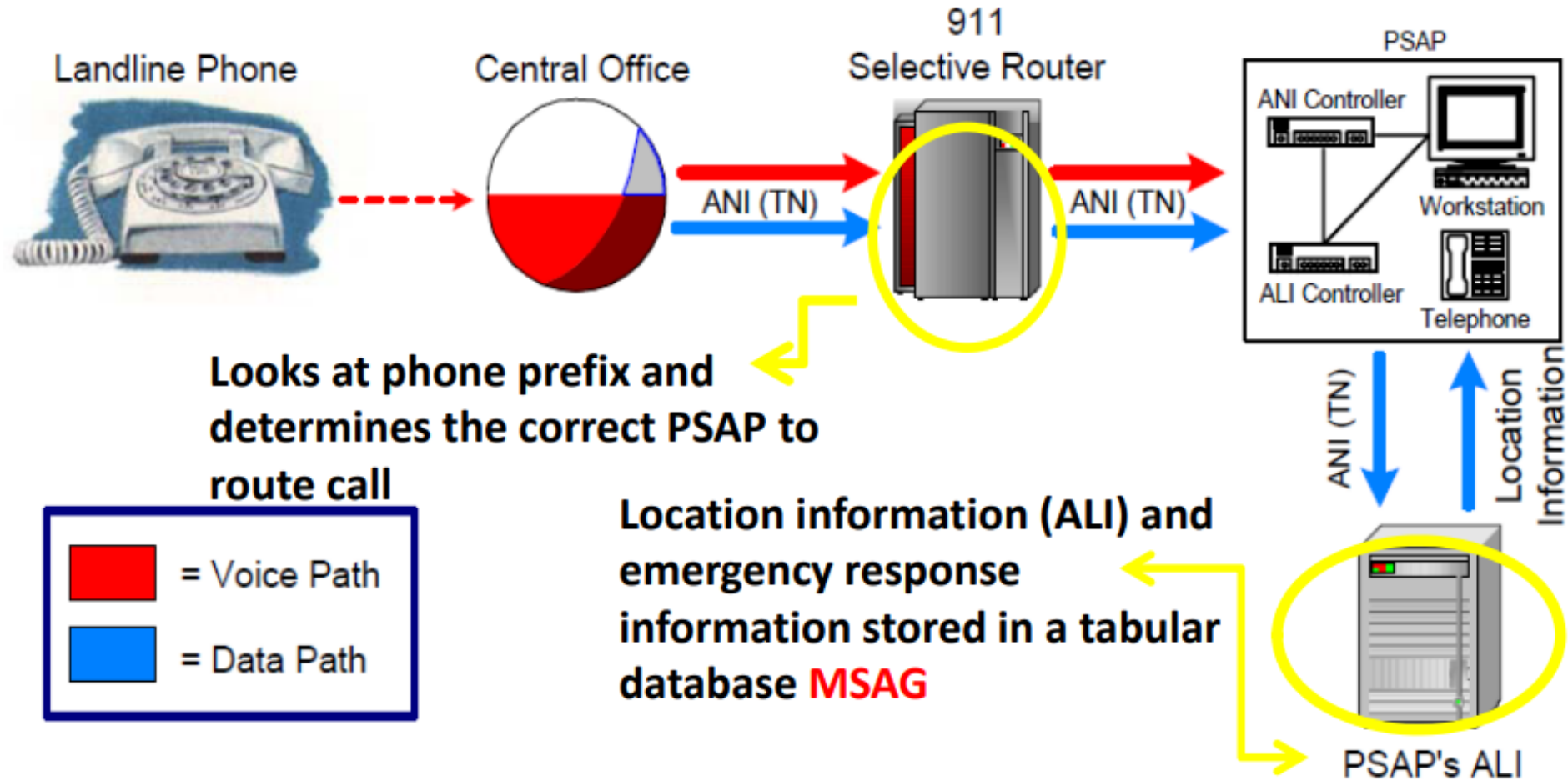
911 Geolocation:

Routing the Call and Locating the Caller

In 911, geolocation is used to address two distinct issues:

- Where to **route** the call (i.e., identify the correct PSAP to answer the call)
- Where is the caller's **precise location for dispatch** (i.e., identify the location where first responders should go)
- For wireline 911 calls, routing and location are simple – the caller's telephone number is associated with a fixed location.
- For wireless 911 calls, routing and location are more complicated – the caller could be anywhere.

Wireline E911: Routing and Location Information Data Path (Legacy Architecture)

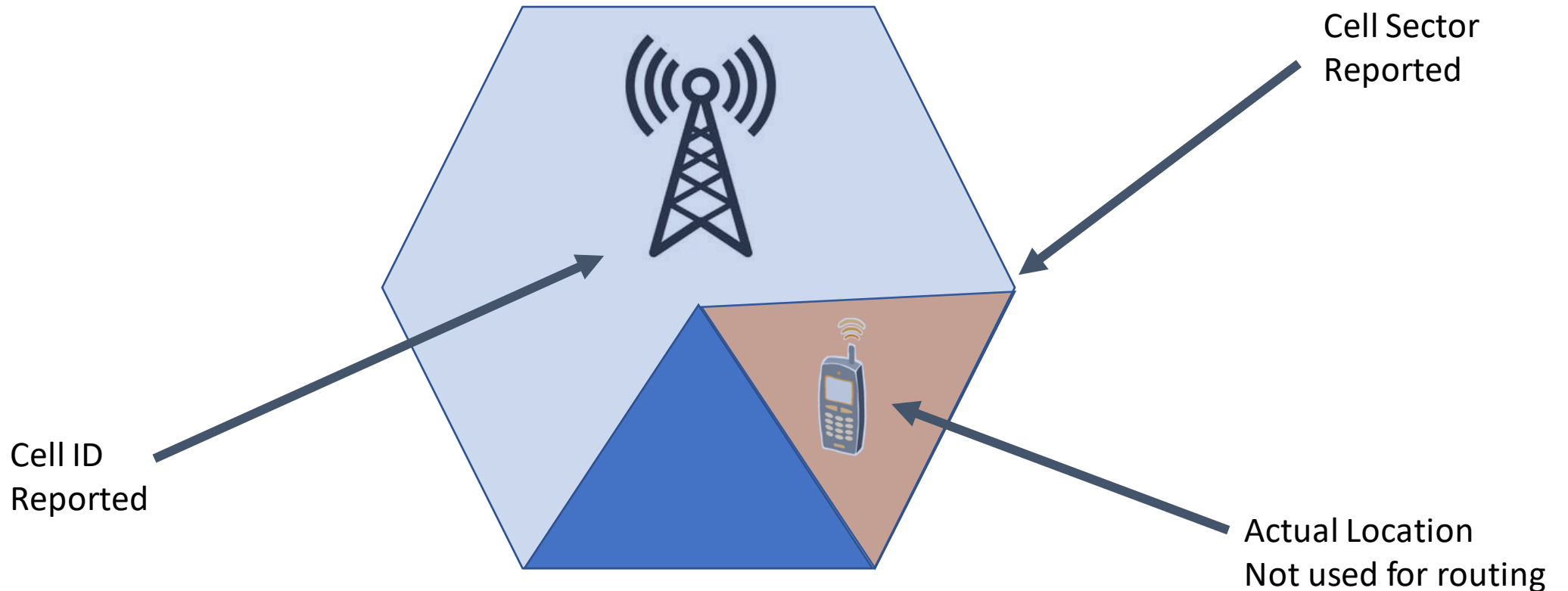


Wireless E911: Routing and Location

- Wireless 911 calls are generally routed to PSAPs based on the location of the cell tower that transmits the call.
- FCC rules also require wireless carriers to transmit automatic location information (ALI) to the PSAP with each 911 call.
- Wireless ALI usually consists of geodetic coordinates derived from GPS and other location technologies embedded in smartphones.
- Recent FCC rules have tightened the 911 accuracy standards that service providers must meet.
 - More precise horizontal location for indoor as well as outdoor calls.
 - Vertical location to identify floor level.
 - Dispatchable location (civic address plus floor/room/office) when technically feasible.

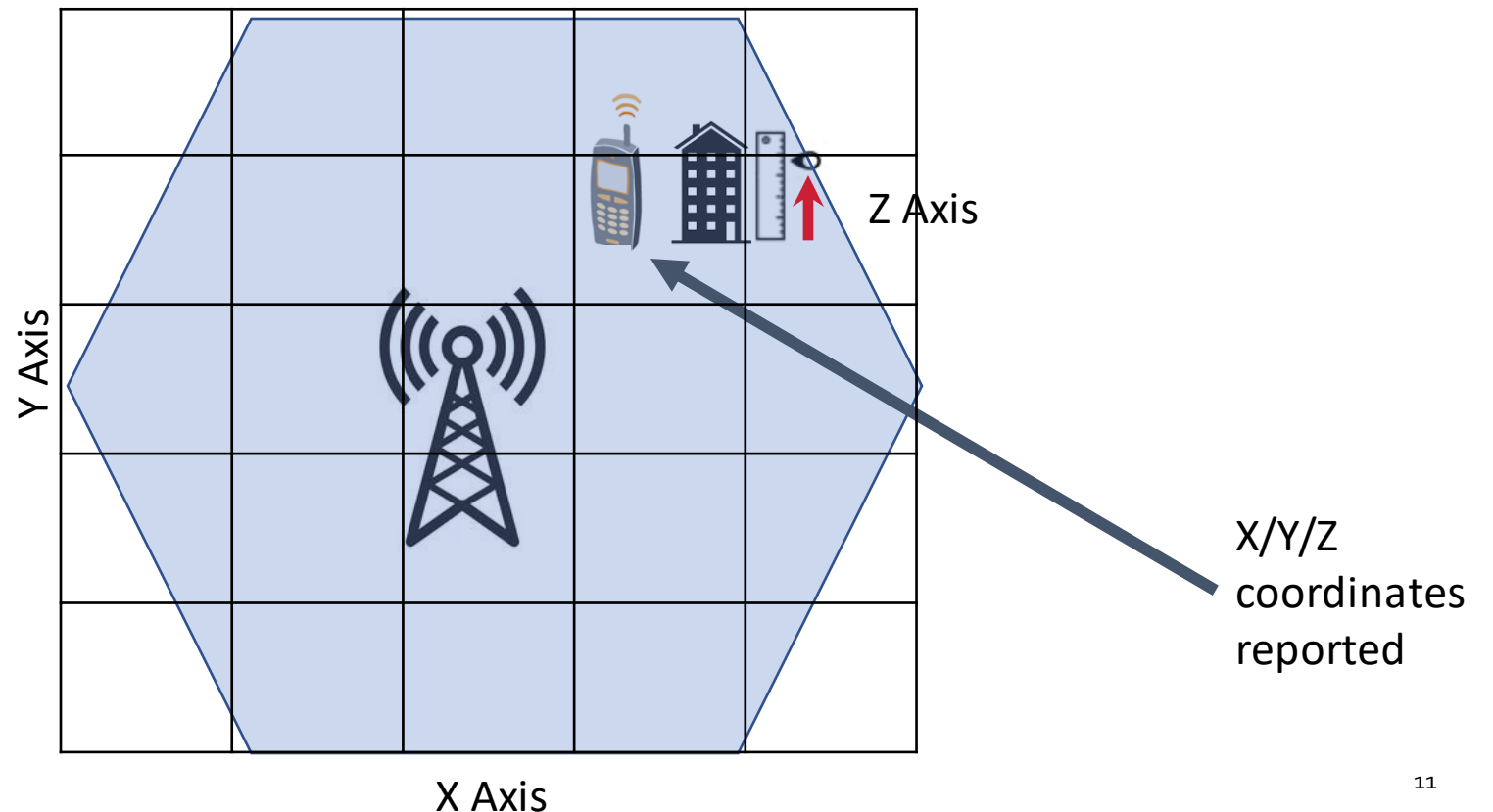
Wireless E911: Tower/Sector-Based Location (Call Routing)

- Cell tower/sector is the identifier used to route 911 calls to the PSAP.

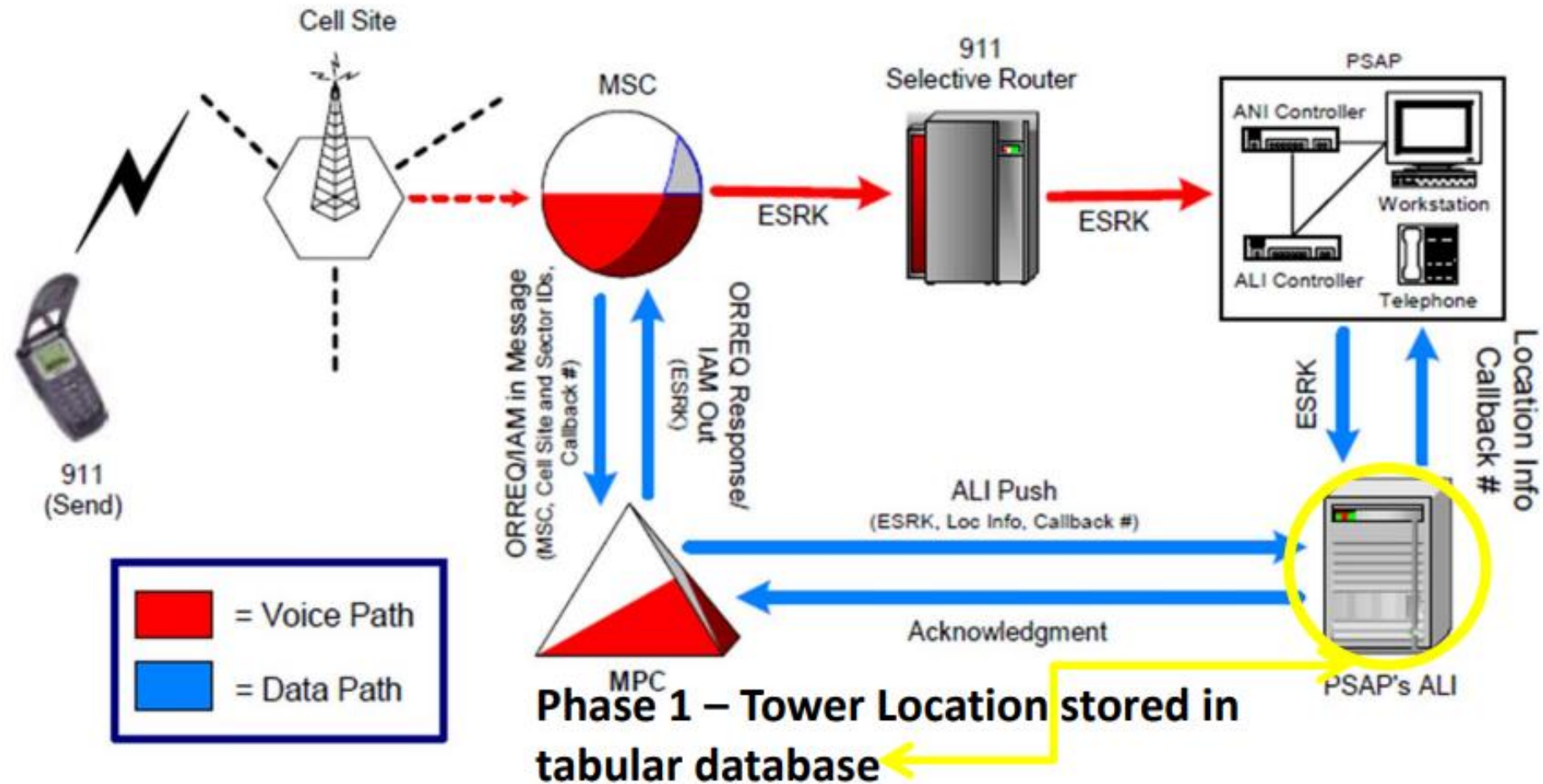


Wireless E911: Caller Location

- Horizontal (x/y axis) coordinates enable the PSAP to locate the caller for dispatch purposes.
- New FCC requirement: wireless carriers must provide vertical (z-axis) coordinates to identify caller's floor level.



Wireless E911: Routing and Location Data Path (Legacy Architecture)



Developments in Wireless E911 Geolocation: Location-Based Routing

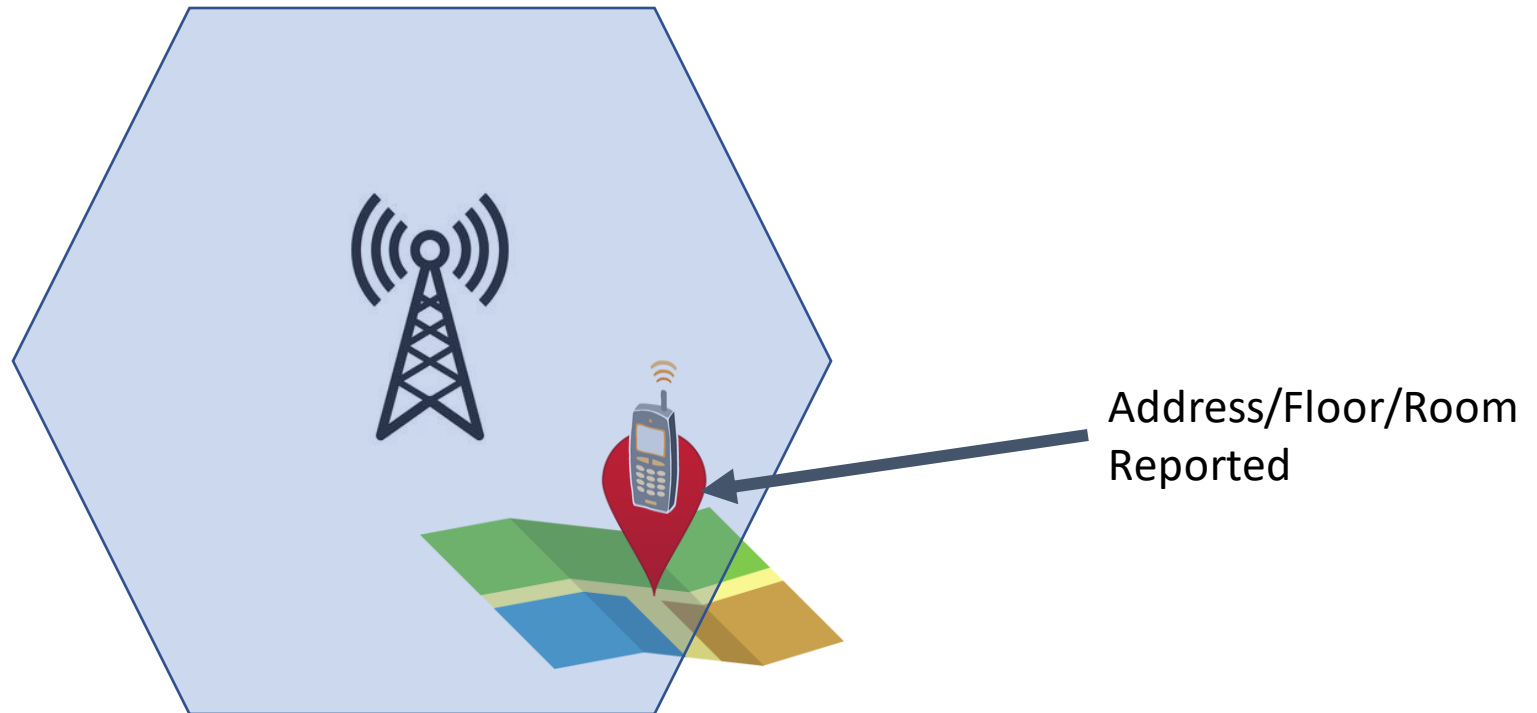
- Location-based routing (LBR) routes wireless 911 calls to the appropriate PSAP based on caller location rather than cell tower location.
- Using caller location for 911 call routing reduces number of calls that are sent to the incorrect PSAP based on tower location and then must be transferred to the correct PSAP.
- Some carriers have begun using LBR to route 911 calls:
 - T-Mobile enabled LBR capabilities in parts of Texas and Washington State in 2020.
 - This month, AT&T announced that it is rolling out LBR nationwide.

Developments in Wireless E911 Geolocation: Device-Based Solutions

- Wireless carriers are increasingly using “device-based hybrid” (DBH) solutions to meet the Commission’s E911 location requirements.
- DBH leverages the location-sensing capabilities of smartphones to pinpoint the caller’s location for delivery to the PSAP.
- Operating system manufacturers have developed DBH solutions optimized for emergency location of 911 callers:
 - Google/Android – Emergency Location Service (ELS)
 - Apple/iOS – Hybrid Emergency Location Service (HELO)
- When a caller dials 911, the device automatically activates all of the capabilities that help the device determine its location, including Wi-Fi and Bluetooth.

Developments in Wireless E911 Geolocation: Dispatchable Location

- Instead of providing x/y/z coordinates, the wireless carrier provides a validated street address, floor level, and room/office (similar to a landline 911 call).
- Providing dispatchable location for wireless 911 calls is technically challenging and occurs in less than 1% of calls, but the percentage is likely to increase as technology improves.



Next Generation 911

- NG911 uses Internet Protocol (IP) technology to deliver 911 services and will replace the legacy 911 system.
- In NG911 architecture, Emergency-Services IP Networks (called ESInets) replace legacy circuit-switched networks and selective routers to deliver 911 calls to the appropriate PSAP.
- NG911 will support routing and geolocation but calls and location information will use new IP formats and follow new network paths.
- NG911 transition is under way in some states but progress has been slow and non-uniform due to funding, technical, and governance issues; many PSAPs remain reliant on legacy network elements.
- NG911 may provide new opportunities for interaction between 911 and 988, but many issues need to be explored further.

Comparing 911 and 988

	911	988 / Lifeline
Purpose	Emergency dispatch of fire, police, emergency medical services (EMS)	Assess callers for suicidal risk, provide counselling and resources, engage emergency services when needed
Age	Since 1968 (50+ years)	Lifeline since 2004; 988 since 2022
Governance	State and local administration (governance varies by state); FCC regulation of providers.	National administration (Vibrant); SAMHSA oversight and grants; Veterans Crisis Line; FCC regulation of providers.
Call Centers	Over 5500 PSAPs, mostly operated by county/municipal agencies	180 independently operated and funded local crisis centers
Network	Dedicated emergency network elements	Public network
Routing	Calls routed to nearest PSAP based on street address (wireline); tower/cell sector or caller location (wireless)	Calls routed first to nationwide toll-free number, then to crisis centers based on caller's area code
Location Information	Yes; automatically provided with all 911 calls	None provided in current Lifeline/988 configuration
Technical Standards	Yes	TBD
Consumer Expectations re Geolocation	Callers expect location to be transmitted and emergency personnel to be dispatched	TBD
Liability Protections	State and Federal liability protection for 911 services offered by communications providers	TBD
Privacy Exceptions	Yes – Carriers exempted from privacy restrictions when providing location information in connection with 911 calls	TBD
FCC Authority re: Location Info	Yes, FCC rules require provision of location information with all 911 calls	TBD



Federal Communications Commission

Public Safety and Homeland Security Bureau



Thank You!

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A woman with dark curly hair is looking out a window at a city skyline. The window frame is visible, and the background shows a blue sky with clouds and a tall building.

988

SUICIDE
& CRISIS
LIFELINE

988 Suicide & Crisis Lifeline Geolocation Needs

May 24, 2022

SAMHSA
Substance Abuse and Mental Health
Services Administration

SAMHSA 988 & Behavioral Health Crisis Team

988



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Tom Coderre

Acting Deputy Assistant Secretary



Sonia Chessen

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Acting Director for 988 Team; Chief Clinical Officer & Crisis Systems Lead



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(on detail from ASPA)



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Senior Advisor to 988 Team; SAMHSA Regional Administrator



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Chief 988 Communications & Engagement Officer *(on detail from CDC)*



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SAMHSA Leadership

988



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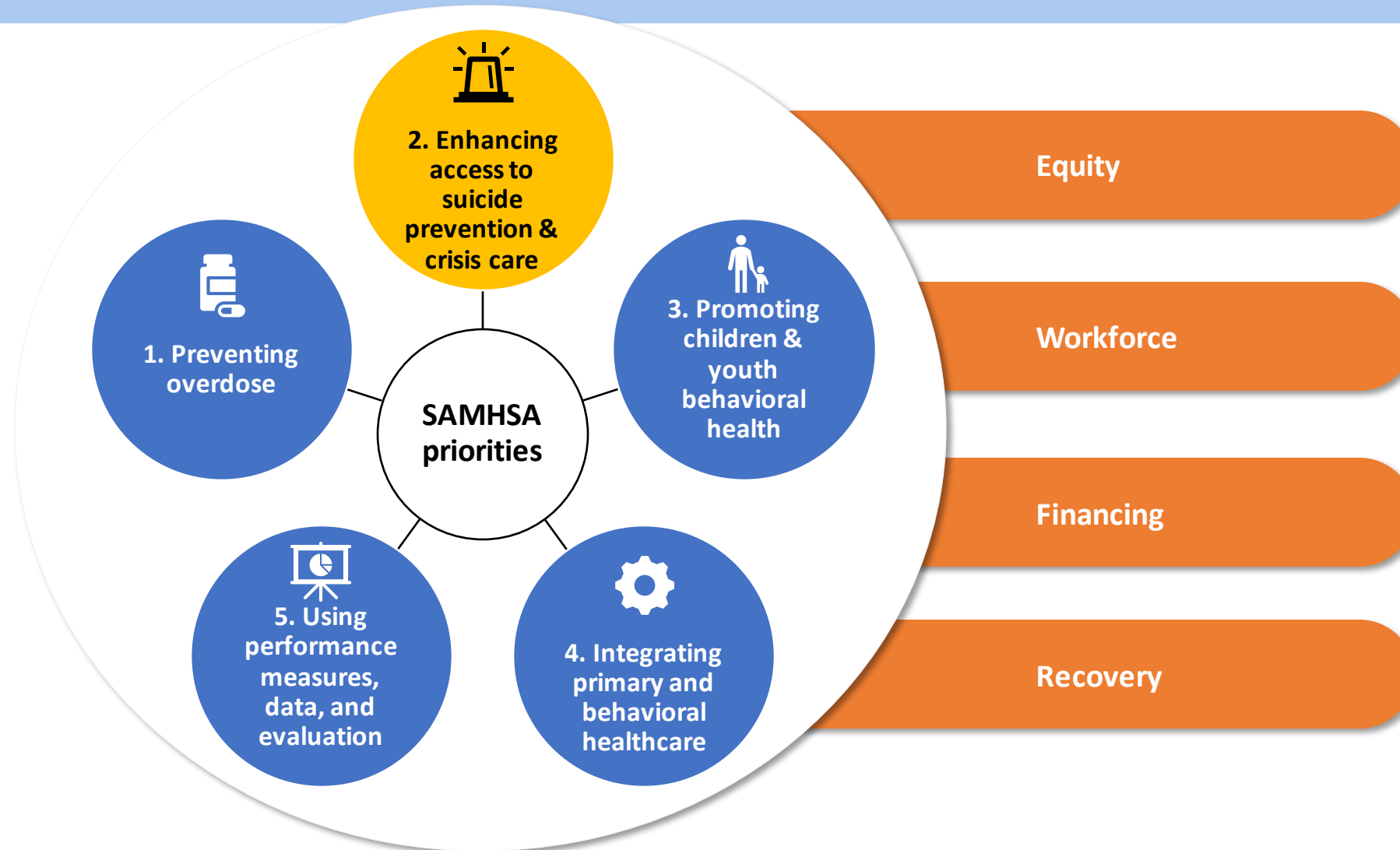
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SAMHSA's overarching priorities and cross-cutting principles

988



● Details to follow

988 goals and near-term pillars of activity

988

SAMHSA goals

1

Strengthen and enhance Lifeline

2

Transform and strengthen broader crisis care continuum

Near-term pillars defined by SAMHSA

1A

Federal planning and convening: putting robust federal funding, leadership, and policy direction in place to strengthen the Lifeline network and the broader crisis continuum

1B

Operational readiness of the Lifeline network: ensuring the Lifeline network is equipped to respond to projected FY22 contacts

1C

Messaging and public communication: educating key stakeholders about 988 messaging and the broader public about how and when to use 988

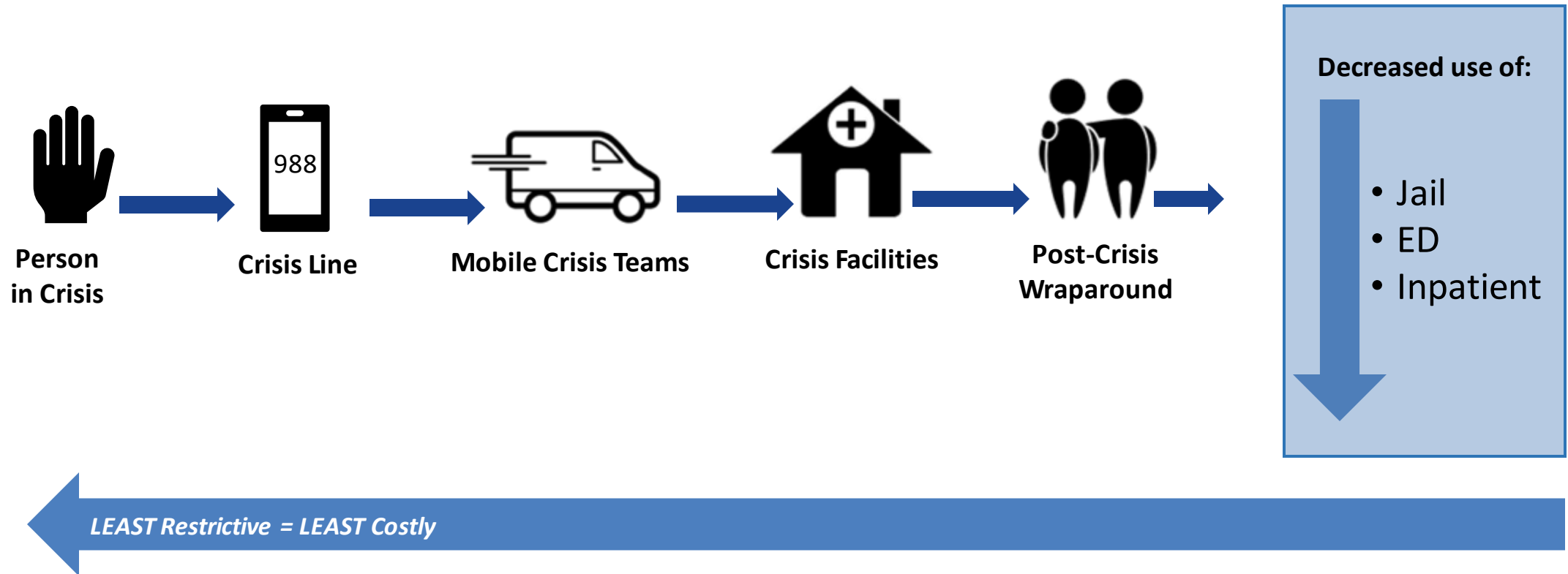
1D

Foundation for comprehensive crisis services: putting the building blocks in place to ensure a robust and responsive crisis system that provides direct, life-saving services to all in need

Activities underlying each of these pillars evolve across phases of implementation (e.g., pre- and post-July)

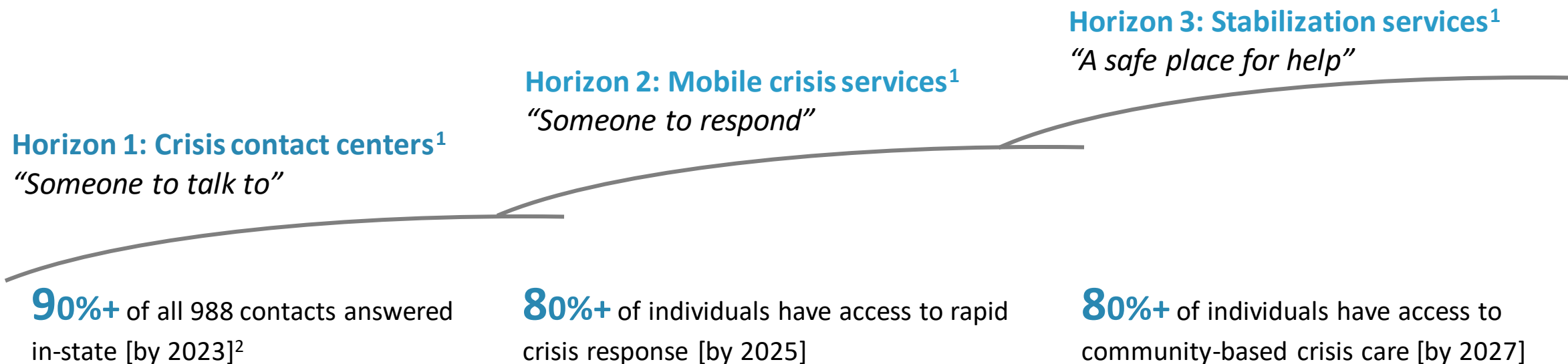
Crisis contact centers are an essential component of a broader crisis continuum

988



Vision for 988 & crisis services

988



Underlying principles

Provide individuals experiencing **suicidal, mental health, and substance use crises**, and their loved ones, with caring, accessible, and high-quality support

Ensure **integrated services are available** across the crisis care continuum, supported through strong partnerships (e.g., State, Territorial, Tribal, Federal)

Provide **“health first”** responses to behavioral health crises and ensure connection with appropriate levels of care

Integrate **lived experiences of peers** and support **for populations at high risk of suicide**, such as Veterans, LGBTQ, BIPOC, youth, & people in rural areas

Advance **equitable access to crisis services** for populations at higher risk of suicide, with a focus on Tribes and Territories

1. Inclusive of intake, engagement, and follow-up

2. Proportion may differ with chat/text vs. calls; “contacts answered” is defined as connected with a trained responder

Snapshot of progress

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Released **988 operational readiness playbooks** for core partners



Released **\$105M in 988 grant awards** to 54 states and territories

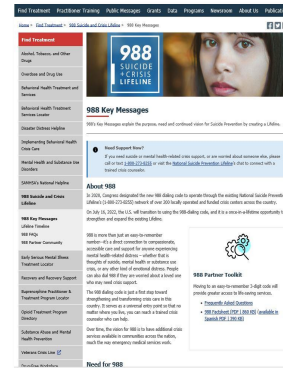
As Part of President Biden's Mental Health Strategy, HHS Awards Nearly \$105 Million to States and Territories to Strengthen Crisis Call Center Services in Advance of July Transition to 988

Tuesday, April 19, 2022

Funded by the American Rescue Plan, these investments will bolster our crisis care infrastructure.

The Department of Health and Human Services (HHS), through its Substance Abuse and Mental Health Services Administration (SAMHSA), is awarding nearly \$105 million in grant funding, provided by the American Rescue Plan, to 54 states and territories in advance of the transition of the [National Suicide Prevention Lifeline](#) from the current 10-digit number to the 988 three-digit dialing code in July. Strengthening our crisis care infrastructure is a core priority of President Biden's Mental Health Strategy, which he announced at the State of the Union as part of his national Unity Agenda. Improving 988 readiness and responsiveness is a critical step to realizing this objective.

Published **988 partner toolkit**, including 988 key messages, facts sheets, FAQs



Developed **988 jobs webpage** to help accelerate hiring efforts



Behavioral Health Treatment Services Locator	988 Suicide and Crisis Lifeline Volunteer and Job Opportunities
Disaster Distress Helpline	988 centers are looking for empathetic volunteers, employees, and interns to serve as crisis counselors answering phone, chats and texts, as well as managers with advanced degrees.
Implementing Behavioral Health Crisis Care	
Mental Health and Substance Use Disorders	i Need Support Now? If you need suicide or mental health-related crisis support, or are worried about someone else, please call or text 1-800-273-8255 or visit the National Suicide Prevention Lifeline's chat to connect with a trained crisis counselor.
SAMHSA's National Helpline	
988 Suicide and Crisis Lifeline	Answer the call. The 988 network is made up of over 200 centers answering calls, chats, and texts from people in crisis. These centers are looking to bring on new volunteers and paid employees. You will receive training, so if you are a caring person who wants to help those in crisis, apply today. To facilitate this, below is a list of the centers with links to their career or volunteer websites where you can find open opportunities to become a crisis counselor or a manager. Note: Centers with an asterisk (*) have remote opportunities.
988 Partner Toolkit 988 Key Messages Lifeline Timeline 988 Jobs 988 FAQs 988 Partner Community	
Early Serious Mental Illness Treatment Locator	Select a state or territory: <div>Select a State ▾</div>
Recovery and Recovery Support	Alabama <ul style="list-style-type: none">• Crisis Center (Birmingham, AL)• Crisis Services of North Alabama/HELpline (Huntsville, AL)• Lifelines (Mobile, AL)
Buprenorphine Practitioner & Treatment Program Locator	Alaska <ul style="list-style-type: none">• Careline Crisis Intervention (Fairbanks, AK)
Opioid Treatment Program Directory	American Samoa
Substance Abuse and Mental Health Prevention	

Central directory provides the **first aggregated resource** for job applicants and volunteers to find crisis centers across the network

In communications, this can serve as a **call to action to direct applicants** to a central resource to find openings across the network)

Is anticipated to be **improved on over time**, and represents an agile & iterative approach to building the 988 workforce

SAMHSA 988 Webpage

988

One-stop-shop for 988 Resources

- www.samhsa.gov/988
- About 988
- Partner Toolkit
- Data
- Lifeline History
- More to Come

The screenshot shows the SAMHSA 988 Suicide and Crisis Lifeline webpage. At the top, it features the SAMHSA logo and navigation links. A search bar is present. The main content area is titled "988 Suicide and Crisis Lifeline" and includes a section for "Need Support Now?" with a call to action. Below this, there are four columns of resources: "About 988", "988 Partner Toolkit", "The Data: Urgent Realities", and "The Lifeline". Each column contains a brief description and links to related resources.

U.S. Department of Health & Human Services

SAMHSA
Substance Abuse and Mental Health
Services Administration

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Search SAMHSA.gov

Find Treatment | Practitioner Training | Public Messages | Grants | Data | Programs | Newsroom | About Us | Publications

Home > Find Treatment > 988 Suicide and Crisis Lifeline

Find Treatment:

- Alcohol, Tobacco, and Other Drugs
- Overdose and Drug Use
- Behavioral Health Treatment and Services
- Behavioral Health Treatment Services Locator
- Disaster Distress Helpline
- Implementing Behavioral Health Crisis Care
- Mental Health and Substance Use Disorders
- SAMHSA's National Helpline
- 988 Suicide and Crisis Lifeline**
- 988 Key Messages
- Lifeline Timeline
- 988 FAQs
- 988 Partner Community
- Early Serious Mental Illness Treatment Locator
- Recovery and Recovery Support
- Buprenorphine Practitioner & Treatment Program Locator
- Opioid Treatment Program Directory
- Substance Abuse and Mental Health Prevention
- Veterans Crisis Line
- Drug-Free Workplace

988 Suicide and Crisis Lifeline

The resources and information on this page are designed to help states, territories, tribes, mental health and substance use disorder professionals, and others looking for information on understanding the background, history, funding opportunities, and implementation resources for strengthening suicide prevention and mental health crisis services. 988 goes live on all devices on July 16, 2022.

Need Support Now?

If you need suicide or mental health-related crisis support, or are worried about someone else, please call or text **1-800-273-8255** or visit the [National Suicide Prevention Lifeline](#) chat to connect with a trained crisis counselor.

About 988

In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. SAMHSA sees 988 as a first step towards a transformed crisis care system in America.

- [FY 21 Appropriations Report to Congress](#)

988 Partner Toolkit

Moving to an easy-to-remember 3-digit code will provide greater access to life-saving services.

- [Key Messages](#)
- [Frequently Asked Questions](#)
- [988 Factsheet \(PDF | 860 KB\)](#) (available in [Spanish PDF | 350 KB](#))

The Data: Urgent Realities

In 2020, the U.S. had one death by suicide every 11 minutes. Suicide is a leading cause of death for people aged 10-34 years.

- [SAMHSA's National Survey on Drug Use and Health \(NSDUH\)](#)
- [CDC's Suicide and Self-Harm Injury Data for](#)

The Lifeline

There is hope. Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works. The Lifeline helps thousands of people overcome crisis situations every day.

- [The Lifeline's History](#)

Partner Toolkit

- Fact sheet (English and Spanish)
- Key messages
- FAQs (Adding others as needed over time)
- E-newsletter template
- Logos & brand guidance
- Sample Radio PSA Scripts
- 988 Slide Deck

The screenshot displays the SAMHSA 988 website. The top navigation bar includes links for Find Treatment, Practitioner Training, Public Messages, Grants, Data, Programs, Newsroom, About Us, and Publications. Below this, a breadcrumb trail reads: Home > Find Treatment > 988 Suicide and Crisis Lifeline > 988 Key Messages. A sidebar on the left lists various resources under the 'Find Treatment' heading, including Alcohol, Tobacco, and Other Drugs; Overdose and Drug Use; Behavioral Health Treatment and Services; Behavioral Health Treatment Services Locator; Disaster Distress Helpline; Implementing Behavioral Health Crisis Care; Mental Health and Substance Use Disorders; SAMHSA's National Helpline; 988 Suicide and Crisis Lifeline; 988 Key Messages (with sublinks for Lifeline Timeline, 988 FAQs, and 988 Partner Community); Early Serious Mental Illness Treatment Locator; Recovery and Recovery Support; Buprenorphine Practitioner & Treatment Program Locator; Opioid Treatment Program Directory; Substance Abuse and Mental Health Prevention; Veterans Crisis Line; and Drive-Free Workspaces. The main content area features a large header image with the '988 SUICIDE + CRISIS LIFELINE' logo and a woman's face. Below the header, the '988 Key Messages' section explains the purpose and vision of the Lifeline. A 'Need Support Now?' box provides contact information for crisis support. The 'About 988' section details the 2020 Congressional designation and the transition to the 988 dialing code on July 16, 2022. A '988 Partner Toolkit' section highlights the move to a 3-digit code and lists links for 'Frequently Asked Questions' and '988 Factsheet (PDF | 860 KB) (available in Spanish PDF | 390 KB)'. A 'Need for 988' section discusses the vision for additional crisis services.

Find Treatment Practitioner Training Public Messages Grants Data Programs Newsroom About Us Publications

Home > Find Treatment > 988 Suicide and Crisis Lifeline > 988 Key Messages

Find Treatment

- Alcohol, Tobacco, and Other Drugs
- Overdose and Drug Use
- Behavioral Health Treatment and Services
- Behavioral Health Treatment Services Locator
- Disaster Distress Helpline
- Implementing Behavioral Health Crisis Care
- Mental Health and Substance Use Disorders
- SAMHSA's National Helpline
- 988 Suicide and Crisis Lifeline**
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- Opioid Treatment Program Directory
- Substance Abuse and Mental Health Prevention
- Veterans Crisis Line
- Drive-Free Workspaces

988 Key Messages

988's Key Messages explain the purpose, need and continued vision for Suicide Prevention by creating a Lifeline.

Need Support Now?

If you need suicide or mental health-related crisis support, or are worried about someone else, please call or text 1-800-273-8255 or visit the [National Suicide Prevention Lifeline's](#) chat to connect with a trained crisis counselor.

About 988

In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline's (1-800-273-8255) network of over 200 locally operated and funded crisis centers across the country.

On July 16, 2022, the U.S. will transition to using the 988-dialing code, and it is a once-in-a-lifetime opportunity to strengthen and expand the existing Lifeline.

988 is more than just an easy-to-remember number—it's a direct connection to compassionate, accessible care and support for anyone experiencing mental health-related distress—whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 988 if they are worried about a loved one who may need crisis support.

The 988 dialing code is just a first step toward strengthening and transforming crisis care in this country. It serves as a universal entry point so that no matter where you live, you can reach a trained crisis counselor who can help.

Over time, the vision for 988 is to have additional crisis services available in communities across the nation, much the way emergency medical services work.

988 Partner Toolkit

Moving to an easy-to-remember 3-digit code will provide greater access to life-saving services.

- [Frequently Asked Questions](#)
- [988 Factsheet \(PDF | 860 KB\) \(available in Spanish PDF | 390 KB\)](#)

Need for 988

988 builds directly on the existing National Suicide Prevention Lifeline

988

2001

Congress appropriates funding for suicide prevention hotline; SAMHSA awards competitive grant to establish a network of local crisis centers

2007

SAMHSA and VA partner to establish 1-800-273-TALK as access point for the Veterans Crisis Line (VCL)

2015

Disaster Distress Helpline was incorporated into Lifeline cooperative agreement

2020

Lifeline began incorporating **texting** service capability in select centers

2021

SAMHSA/VA/FCC are responsible for submitting multiple **988 reports to Congress**

2022

988 fully operational for phone and text in July 2022

2005

National Suicide Prevention Lifeline (Lifeline) was launched with number 1-800-273-TALK

2013

Lifeline began incorporating **chat service** capability in select centers

2020

FCC designates 988 as new three-digit number for suicide prevention and mental health crises

2020

National Hotline Designation Act signed into law, incorporating 988 as the new Lifeline and VCL number

2021

State 988 funding opportunity released, and states are responsible for submitting **planning grants to Vibrant**



Providing 24/7, free and confidential support to people in suicidal crisis or mental health-related distress helps

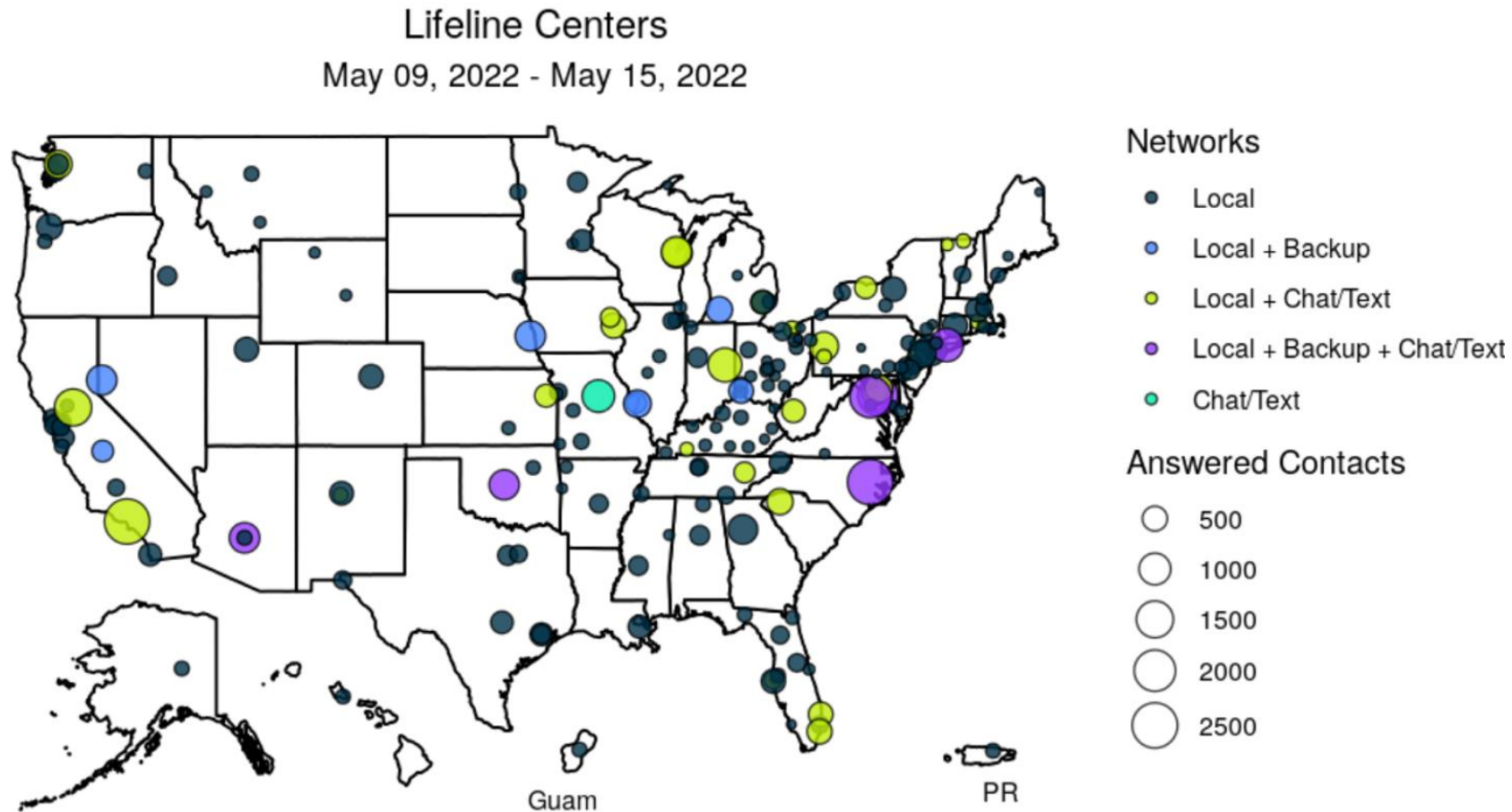
- National Suicide Prevention Lifeline helps thousands of people overcome crisis situations every day

Proven to work – Lifeline studies have shown that after speaking with a trained crisis counselor, most callers are significantly more likely to feel

- less depressed
- less suicidal
- less overwhelmed
- more hopeful

Snapshot of the Lifeline Network

988

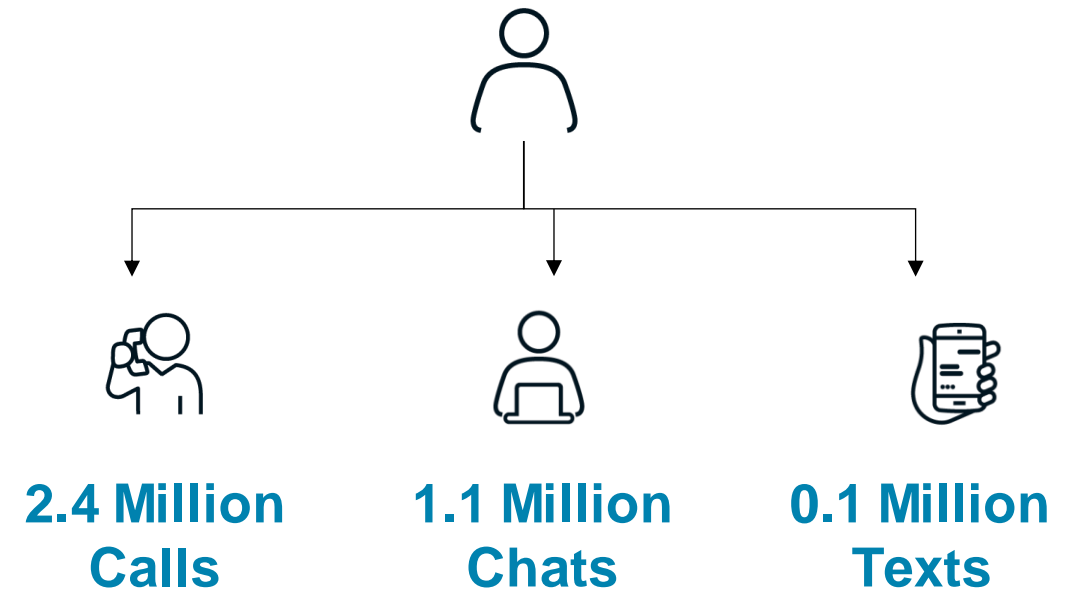


In FY21, the Lifeline received roughly 3.6 million contacts

People who **call the Lifeline** are given three options:

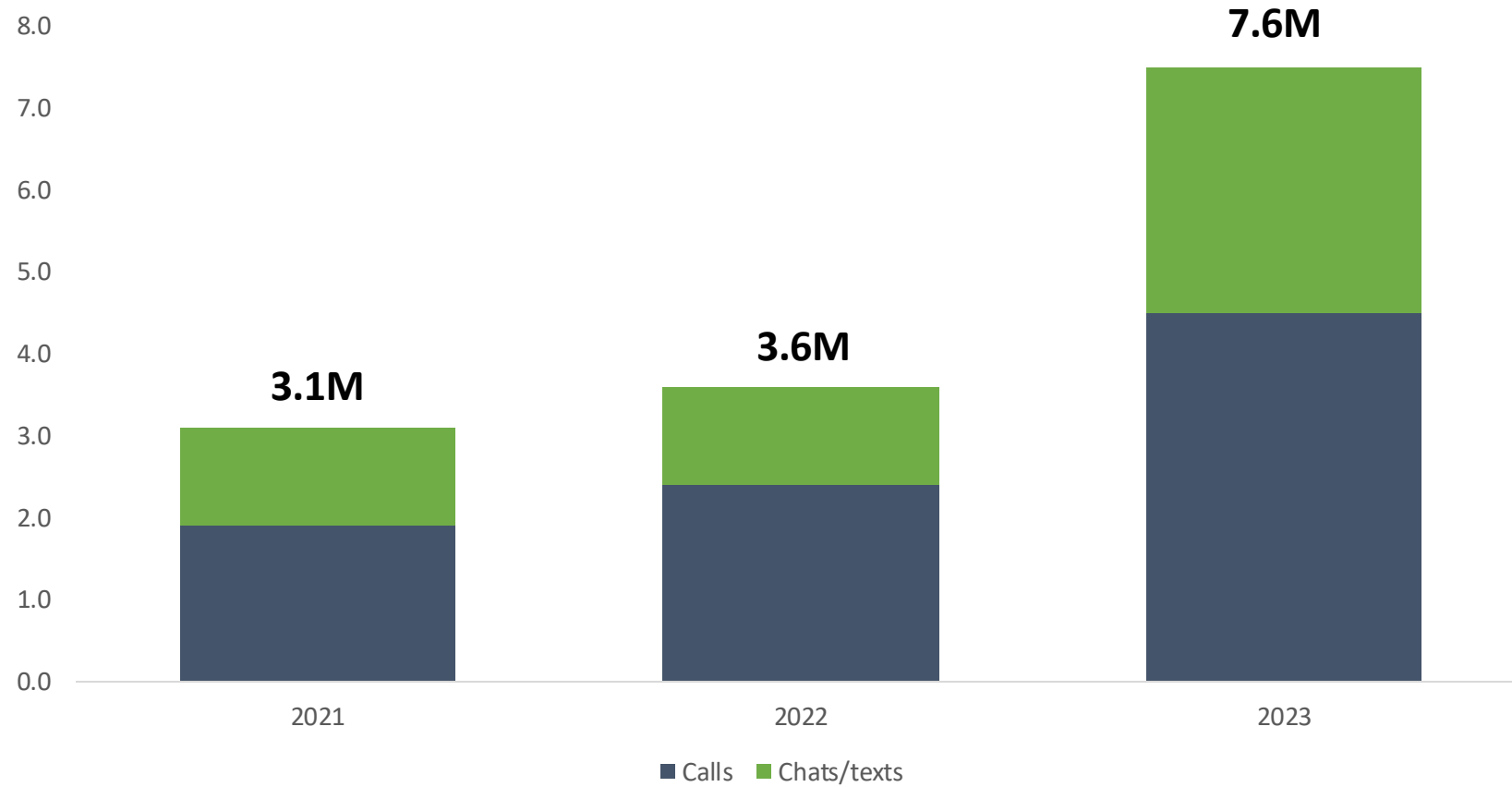
- **Press 1** to connect with the **Veterans Crisis Line**
- **Press 2** to connect with the **Spanish Subnetwork**
- **Remain on the line** and be connected to a **local crisis center**; if local crisis center is unable to answer, the caller is routed to a national backup center

People who **text/chat the Lifeline** are currently connected to crisis centers equipped to respond to texts and chats



Potential future Lifeline volume

988



- **Announced \$282M to help transition Lifeline to 988**
 - \$177 million to strengthen and expand the existing Lifeline network operations, back-up center workforce, and telephone/chat/text infrastructure
 - \$105 million to build up staffing across states' local crisis call centers
- **Released \$105M Notice of Funding Opportunity to states and territories**
- **\$700M in proposed FY23 President's Budget**

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[Press Announcements](#)


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[Logo Use Guidelines](#)

HHS Announces Critical Investments to Implement Upcoming 988 Dialing Code for National Suicide Prevention Lifeline

Monday, December 20, 2021

American Rescue Plan Funding Will Support State Efforts to Transform Suicide and Mental Health Crisis Care

Today the Department of Health and Human Services, through its Substance Abuse and Mental Health Services Administration (SAMHSA), will make critical investments in suicide prevention and crisis care services, announcing \$282 million to help transition the [National Suicide Prevention Lifeline](#)  from its current 10-digit number to a three-digit dialing code – 988.

In 2020, Congress designated the new 988 dialing code to be operated through the existing National Suicide Prevention Lifeline. Converting to this easy-to-remember, three-digit number will strengthen and expand the existing Lifeline network, providing the public with easier access to life-saving services. The Lifeline currently helps thousands of people overcome crisis situations every day. The 988 dialing code will be available nationally for call, text or chat beginning in July 2022.

Areas of Need

- Identification of Best Practices
- Protocol development
- Liability concerns
- Exchange of information
- Coordination in high-risk situations
- 988/911 interoperability
- Dissemination/communication
- Funding sources to support collaboration

Areas of Current Work

- Regular meetings with OEMS
- Calls with 911/EMS/police stakeholders
- Co-sponsorship Agreement
- Community of Practice (Vibrant)
- Policy Academy (PRA)
- Required activity in State 988 grants
- Incorporation into Crisis Mapping in 30 locations
- National Emergency Number Association 911/988 workgroup

Structure

- Routing occurs through a centralized system supported by SAMHSA grant funding and currently overseen by the Lifeline Network Administrator, Vibrant
- Routing is based on area code
- Calls currently go to the nearest crisis center from the area code the call was dialed from
- If an area is not covered or a center unable to answer the contact rolls to a network of Back-up Centers

Challenges

Routing to Centers

- Goal is to accurately route to closest center to caller location, yet not all callers are physically in the area code of their phone number
- Requirement of SAMHSA 988 State and Territory grant is to respond to at minimum 90% of State and Territory call volume
- Some states are charging fees to respond to their local crisis contacts

Routing in Emergency Situations

- Centers use PSAP locator based on identified information available, many time centered on area code

Thank you!

Miriam Delphin-Rittmon

Assistant Secretary for Mental Health and Substance Use Substance Abuse
and Mental Health Services Administration (SAMHSA), HHS

Etan Raskas

Chief of Staff for 988 Team and Behavioral Health Crisis Coordinating Office
SAMHSA, HHS

James Wright

Chief of Crisis Center Operations
SAMHSA, HHS

Geolocation and 988: The Need for Location Routing and Rapid Response to Persons at Imminent Risk of Suicide

John Draper, Ph.D.
Vibrant Emotional Health & the
National Suicide Prevention Lifeline

May 24, 2022

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services

Why Does the Lifeline Need Geolocation?

1. Most callers to the Lifeline use mobile devices to contact the service, and Lifeline routes by the caller's area code.
2. Location-based routing is essential to connect callers to the crisis center nearest to them, so they can be efficiently connected to local behavioral health, crisis and emergency care services as soon as possible
3. Nearly 1% of Lifeline callers at imminent risk of suicide are unable or unwilling to collaborate with counselors to provide their location, and serious harm or death could result if emergency services are unable to locate them

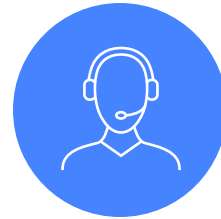
How is 988 different than 911?

*“988 is designated as the universal telephone number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operated through **the National Suicide Prevention Lifeline...**”*



Centralized Network Routing

- Backups and Efficiencies
- Centralized quality assurance and operating standards



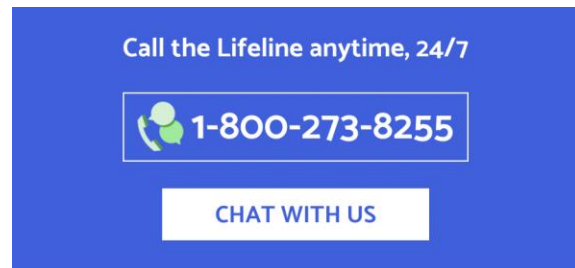
A Crisis Care Service

- Effectively reduces emotional distress & suicidality (free and accessible to all, 24/7/365)
- Can also link to care & outreach services, follow-up
- Risk response is grounded in a focus of least restrictive intervention possible

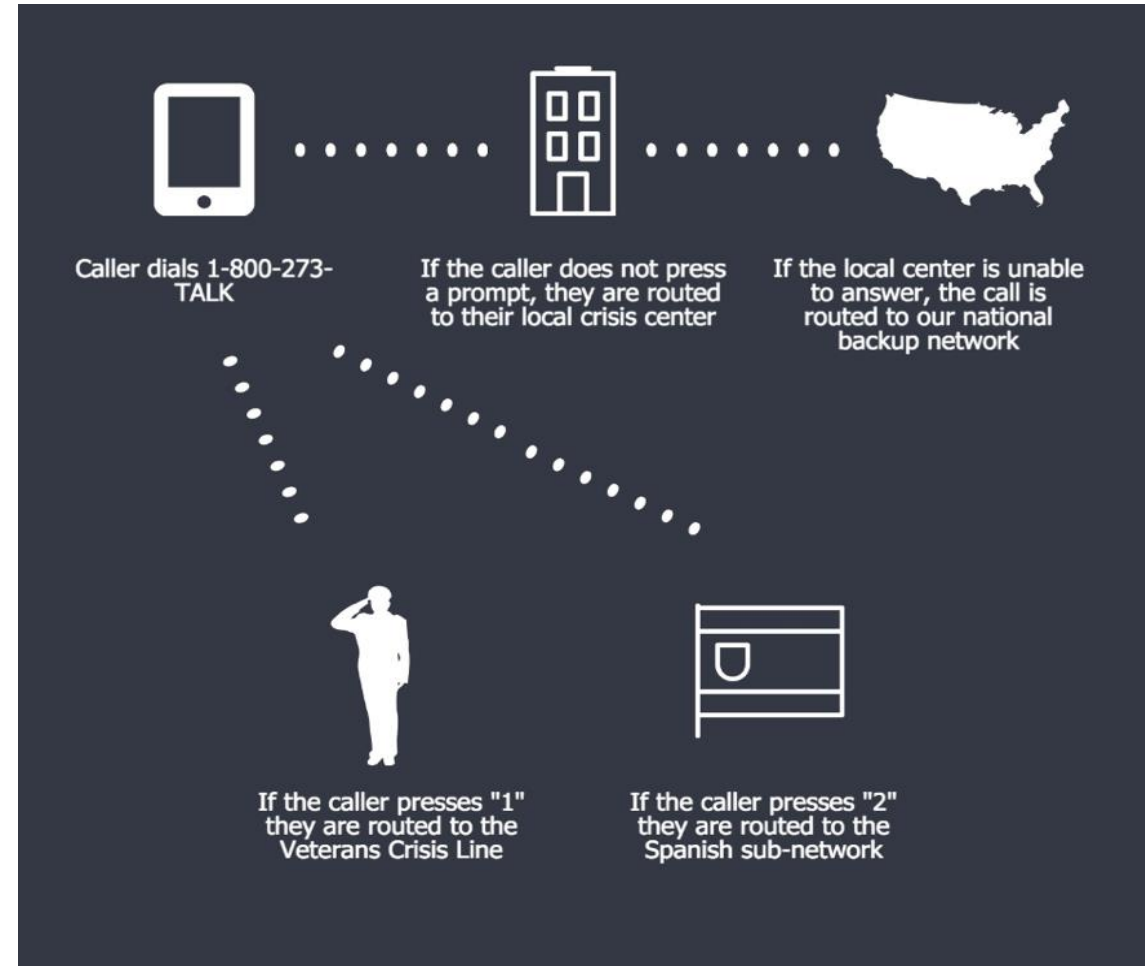
Lifeline Current State

National Suicide Prevention Lifeline is a network of independently operated, independently funded local and state call centers. **The Lifeline is *not* one large national call center. It is a national portal for connecting to localized services**

**3m contacts
received
FY 2021
(VCL excluded)**



Text to 988 by July



Nearly 200 centers including

- **14** national backups
- **24+** Crisis Chat & Text Centers
- **3** Spanish centers
- **1** VCL backup

Lifeline & Mobile Crisis Teams Today

2021 Survey completed
by 187 centers

- **156 / 187 (83%) centers reported that mobile crisis serves their area** (Centers in Alaska and Guam did not report mobile crisis)
- **Of the 156 that reported mobile crisis in their area 73 (47%) reported that they operated these mobile crisis programs**

911 dispatchs per lifeline mode

PHONE

- 23% of calls present with suicidal distress
- 2% require 911 dispatch

CRISIS CHAT (web-based)

- 47% of chat visitors in suicidal distress
- 0.7% require 911 dispatch

Lifeline Policies effective in reducing imminent risk through less invasive means (76% highest risk de-escalated collaboratively)



Gould et al, 2016

911 mental health calls

- 8% of 240M 911 calls involve persons with emotional disturbances (NYC + NENA data)
- Approx. 3 calls per event
- Some mental health calls will still require 911 (weapons, attempt in progress, etc.; approx. 25% of mental health calls)
- **Approx. 4.8M mental health calls annually could be deflected from 911** (or about 2% of all 911 calls)¹

1. Data and analysis provided by Vibrant to SAMHSA, 2020

Lifeline: 4 Core Principles of Risk Assessment

1

SUICIDAL DESIRE

I want to kill
myself

2

SUICIDAL INTENT

I am going to
kill myself

3

SUICIDAL CAPABILITY

I am able to
kill myself

4

BUFFERS

I have
reasons to
not kill myself

Lifeline Imminent Risk Policy

Safety First: “Whereas the primary mission of the NSPL is to prevent the suicide of callers to its service, all crisis center staff must undertake necessary actions intended to secure the safety of callers determined to be attempting suicide or at imminent risk of suicide.”

Collaboration Critical to Best Assure Safety:

- With people contacting service
- With local crisis and emergency services (MCTs, 911, etc.)

Principles of Counselor Imminent Risk Response:

- **Active Engagement** (collaboration for safety)
- **Least Invasive Intervention** (alternatives to 911)
- **Active Rescue or “Involuntary Emergency Intervention”** (engage 911 as last resort)



<https://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Lifeline-Policy-for-Helping-Callers-at-Imminent-Risk-of-Suicide.pdf>

988/Lifeline Counselors Contacting 911 for Persons at IR may provide:

- Exact location of caller, if known
- Caller ID, if that is all they have
- Cell phone number (for text interactions)
- IP (Internet Protocol) or ISP (Internet Service Provider) number for chat interactions

May request an incident/event number from PSAP to follow-up to determine disposition status of person at risk.

- Note: as callers to crisis lines are typically anonymous, names can only be provided to PSAPs if the caller provides this information

911-Crisis Line/988 Collaborations Roadmap, 2022

Released 3/31/2022

https://cdn.ymaws.com/www.nena.org/resource/resmgr/standards/nena-sta-001.2-2022_suicide-.pdf



Suicide/Crisis Line Interoperability Standard

Full Name: NENA Suicide/Crisis Line Interoperability Standard
Document Type: Standard
Number: NENA-STA-001.2-2022

This is a standard to facilitate working collaboratively with crisis lines to help ensure that persons at imminent risk of suicide receive the emergency assistance they need and provides information about crisis line processes. It also establishes guidelines for both PSAPs and crisis lines to work together effectively when emergency intervention is needed to keep an individual safe from imminent suicide. Establishing and disseminating knowledge of this standard along with the creation of collaborative relationships between crisis lines and PSAPs can serve to improve the standard of care for individuals in emotional or suicidal distress.

Greater awareness and collaborative relationships between crisis lines and their local PSAP allows for improved continuity of care for at-risk individuals. When circumstances arise where all other options to keep a person at imminent risk of suicide safe from harm have been exhausted, or an attempt is already in progress, crisis centers must rely on working with PSAP staff to help get emergency intervention (active rescue) to the person at imminent risk. This document provides guidance on how PSAPs and crisis lines can best work together in these circumstances to assure the safety of the individual.

- Promotes collaboration between PSAPs and Crisis Lines
- Crisis Line processes, protocols for persons at imminent risk
- Recommended PSAP procedures
- Communications between crisis lines and PSAPs to enhance safety
- HIPAA & privacy issues
- Cross-training

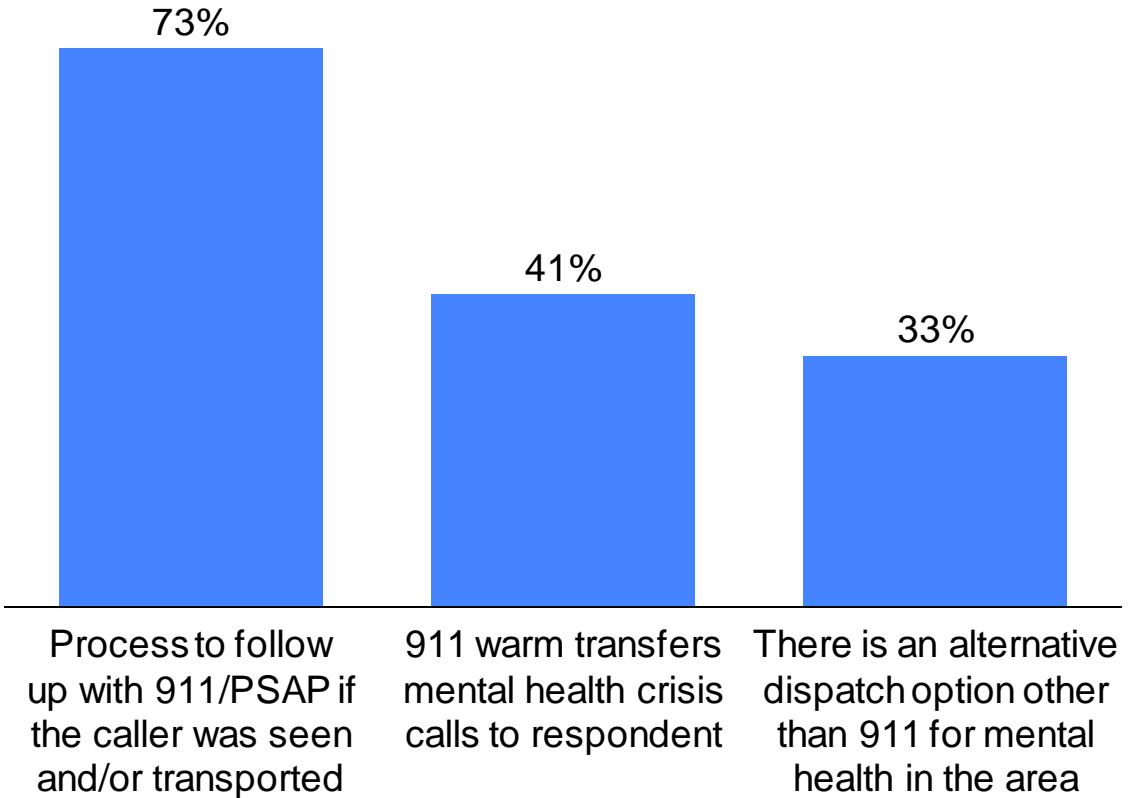
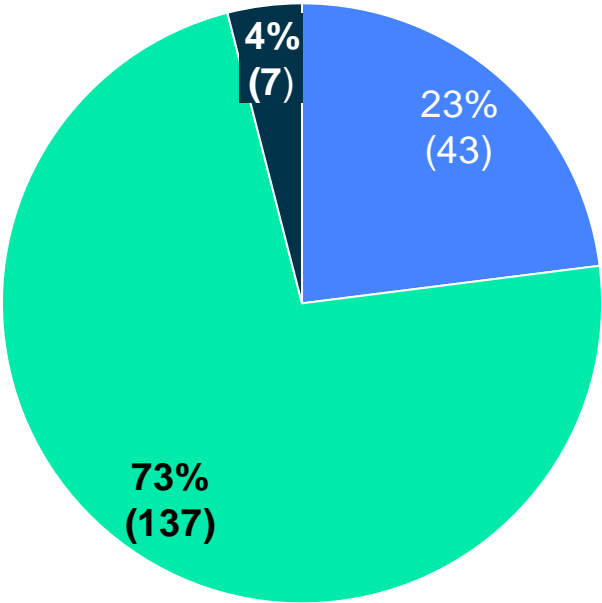
Relationship to local 911/PSAP

% of centers (number of centers)

Communications procedures with 911/PSAP

% of centers

Yes, formal relationship No relationship
Yes, informal relationship



Q86. What is your crisis center's relationship with local 911/PS.
Q87. When our crisis center refers callers at imminent risk to 911, we have a process in place where they can inform us if the caller was seen and/or transported
Q88. Does 911 warm transfer mental health crisis calls to your center?
Q89. Is there an alternative dispatch option other than 911 in your area for mental health crisis situations?

Thank you!

John Draper, Ph.D.
Executive Vice President of National Networks, Vibrant Emotional Health
Executive Director, 988/Lifeline
JohnD@vibrant.org



Didi Hirsch, 988 & Geolocation

Perspectives of a National Spanish Lifeline Center, a Chat/Text Backup Center and a Regional Crisis Center




Didi Hirsch Suicide Prevention Center (SPC)



- Founded in 1958 as the nation's first suicide prevention center
- Inaugural member of the Lifeline
- Chat/text services since 2012
- 1 of 3 Spanish 988 Centers in nation
- 1 of 3 Disaster Distress Helpline Call Centers in nation, and the only Spanish one
- California's largest 988 center and one of the highest volume centers in the 988 network

Didi Hirsch SPC Metrics Profile

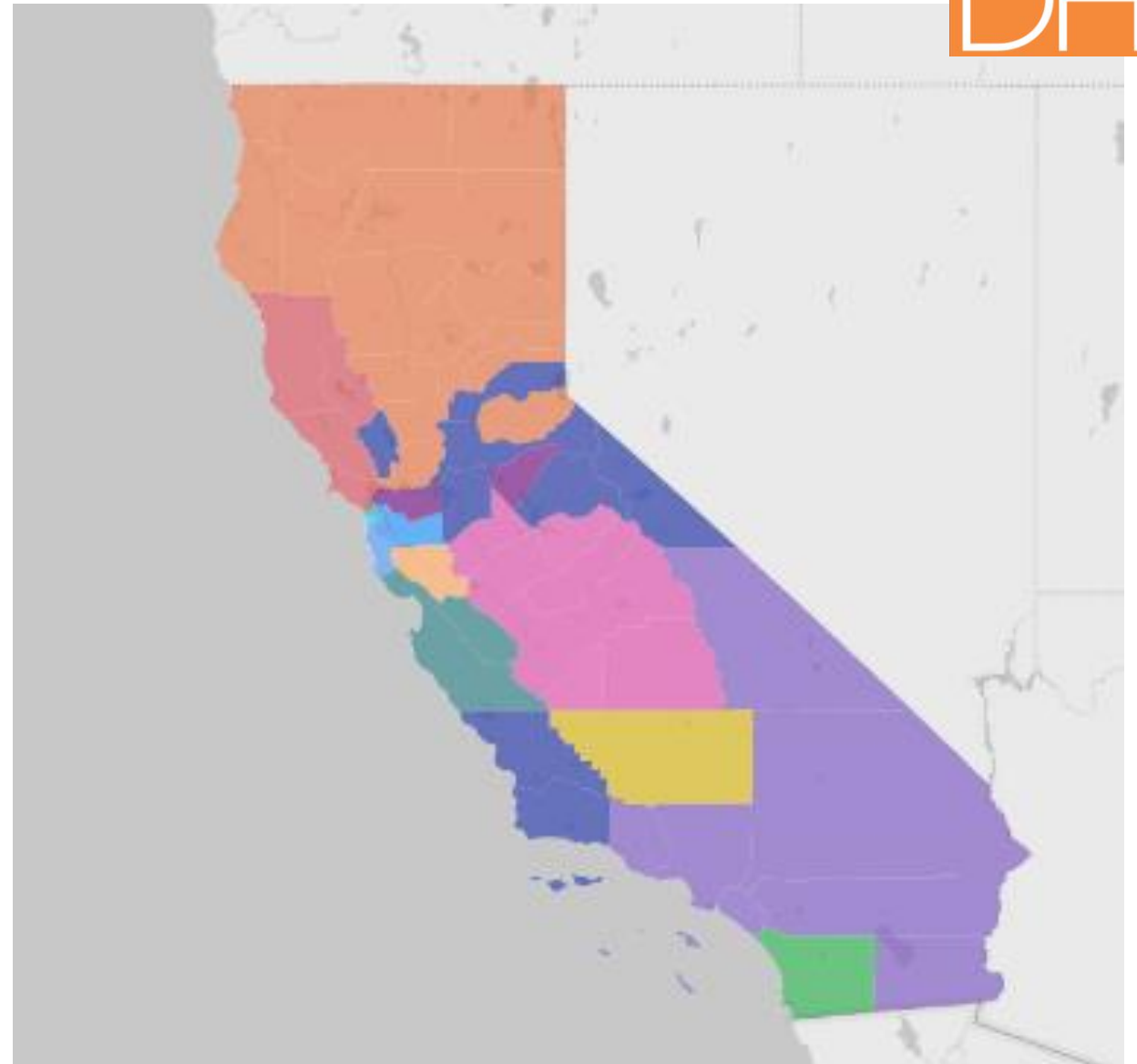


	CALLERS 	CHATTERS 	TEXTERS 
< 25 YEARS OLD	43%	70%	95%
< 18 YEARS OLD	16%	41%	90%
BIPOC	64%	32%	51%
Female	53%	69%	81%
Transgender/Questioning	1%	7%	10%
% Suicide Intent Reduced at End of Contact	77%	78%	80%
Emergency Interventions	3.3% Rescues		3.8% Mandated Reports

CA 988 CRISIS CENTERS



- 1 **Buckelew Suicide Prevention Program**
- 2 **Central Valley Suicide Prevention Hotline – Kings View**
- 3 **Contra Costa Crisis Center**
- 4 **Crisis Support Services of Alameda County**
- 5 **Kern Behavioral Health & Recovery Services Hotline**
- 6 **Optum**
- 7 **San Francisco Suicide Prevention Felton Institute**
- 8 **Santa Clara County Suicide and Crisis Services**
- 9 **StarVista**
- 10 **Didi Hirsch Mental Health Services**
- 11 **Suicide Prevention of Yolo County**
- 12 **Suicide Prevention Service of the Central Coast**
- 13 **WellSpace Health**



Didi Hirsch SPC/988 and PSAP/911: **Working Together**



Ken Danziger, Didi Hirsch Crisis Line Shift Supervisor

988 Chat: Case Study



“

J. came into chat expressing distress over a breakup with her live-in girlfriend after 2 years. She discovered that morning that her girlfriend is involved with someone else, despite earlier assurances that this affair had ended. She feels the relationship is beyond repair and is devastated. Though she initiated the chat, reaching out for help, J. was very reluctant to answer any assessment questions, including whether she had any suicidal thoughts. Not until one hour into the chat, after the very experienced and very patient crisis counselor build enough trust, did J. reveal she took an overdose of sleep medication...



988 Chat Case Study Timeline

- 8:15 Start of Chat: *“I’m just really sad”* and *“I can’t answer that.”*
- 9:18 *“Well I am not going to survive the night. Sorry to put that on you.”*
- 9:24 *“It’s too late to save my life.”*
- 9:28 *“I took a bottle of Ambien about 10 minutes ago.”*
- 9:30 Shift supervisor identifies possible city location based on provided zip code and IP coordinates and reaches out to city PD. PD is unable to assist.
- 9:40 Counselor asks for girlfriend’s phone number which is provided at 9:50
- 9:51 Counselor calls girlfriend to share possible attempt-in-progress and asks for help in locating J. while continuing chat interaction.
- 9:57 Girlfriend is at their apartment but J. is not there. Supervisor calls PD again with apartment address and a team is dispatched.
- 10:05 Police arrives at location and take over the phone call with counselor, who is also still engaging J., trying to enlist her collaboration in the rescue.
- 10:42 J. is located; Police start crisis negotiation through closed door.
- 10:51 First responders have reached J. Chat ends.

988 Spanish Line: Case Study



“

15 year old L. shared that he was homeless, after confessing to his parents that he was raped by his uncle and that he believes that he is gay. His parents reacted with shock and disbelief and after a ‘big fight’ told L. he should take back what he told them or leave their home immediately. After spending a few nights on the streets, he eventually ended up at a cousin’s home but it isn’t a long term solution. L. feels hopeless and is unwilling to contact CPS on his own behalf because ‘not everyone in my family is legal’ and he is afraid that reaching out for support could end up hurting his family, and would rather die... Though he felt strongly connected to the crisis counselor, he was unwilling to share any location details. The crisis line staff attempted to file a mandated report but it was ultimately not accepted due to a lack of information.



Poison Control Program Briefing

May 2022

Sara B Kinsman, MD PhD
Director, Division of Child, Adolescent and Family Health
Maternal and Child Health Bureau (MCHB)

Vision: Healthy Communities, Healthy People



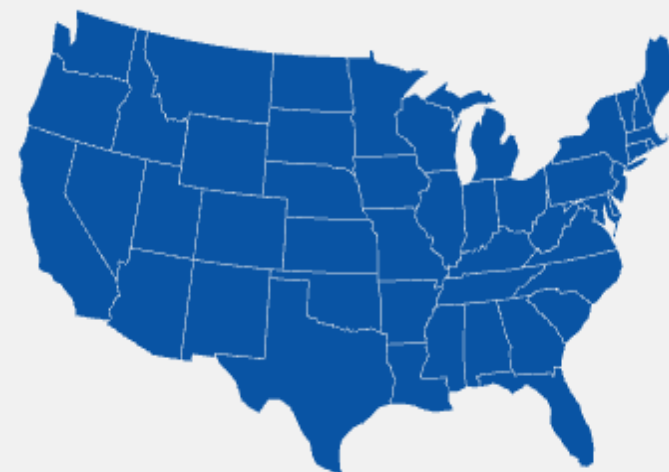
Poison Control Program Overview

FY 2022 Budget = \$25.8M

Poison Help
Line

Poison
Centers

Awareness &
Education



Find a Poison Center

Poison Help Line

(800) 222-1222

Available 24/7/365

Free & confidential

Calls answered by medical professionals

Interpretation available in 161 languages



Poison Control Program Public Health Activities



Poison Help



Poison Control Impact, Routing and Geolocation

Impact

Over 2 million calls in 2021
(~50% for children under 5)

66% resolved over the phone
without hospitalization

Fewer unnecessary emergency care
and supports poison-related care

Estimated to save Americans **\$1.8 billion** each year



Call Routing & Geolocation

Calls have been routed **mainly by area code** rather than geographic location

Importance of routing calls to the local center is vital

Key partners are working to identify optimal solutions

HRSA is committed to implementing potential solutions

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



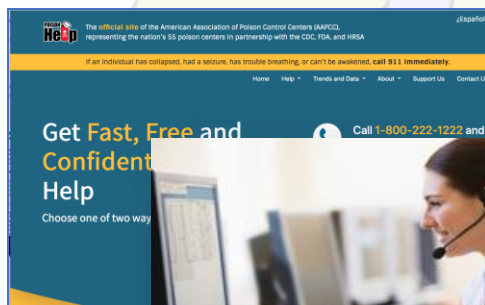
Sign up for the HRSA eNews

FOLLOW US:



America's Poison Centers

National Poison Data System®



**24x7 Live & Online
Expertise In Every State
Talk-Text-Chat**



**Near-Real-Time National
Surveillance and Data**



**Prevention/Education and
Peer-Reviewed Research**

About America's Poison Centers



WHAT WE DO

24/7/365 National Coverage

- **55 Centers** nationwide
- **2 million** human encounters/year (*accidental exposures, ingestions, suicides, environmental hazards*)
- Data collection began in 1983, providing **>39 years of data** and more than **65 million case records**.
- **Nationwide repository** of information/exposure cases (web and online), triage, and management data.
- **Data** automatically uploaded in near-real time (avg. **every 8 min.**).
- NPDS Products database: **~500,000 substances** updated regularly
- **~1,700** health care toxicology professionals
- **Integrated into the near real-time National Poison Data System (NPDS)®**

THE CHALLENGE

~166,000 Emergency Calls to Centers Are Misdirected Annually





GET CONNECTED.
GET HELP.

211

211

Bringing People & Services Together Since 1997



GET CONNECTED.
GET HELP.

211

What is 211?

211 is a vital community service accessed by millions of Americans every year.

People call 211 for free, confidential help with a wide range of social services and resources, including **food, housing, utilities payment assistance, health care, transportation, child care, employment opportunities, mental health crises, disaster information and assistance**, and more.

Highly trained 211 specialists provide **expert, caring help** that addresses not only the presenting issue but underlying challenges people are facing as well. Collectively, 211s curate databases of over **900,000** programs and services nationwide.



History

- Gatekeeper Service post WWII
- Information & Referral Service 1960s - Present
- Taxonomy of Human Services in 1983
- 211 was first used as an information & referral line by the United Way of Greater Atlanta in 1997, Connecticut in 1999
- Officially designated by the FCC in 2000
- Communities launched 211 services through United Ways, independent non-profits, and government agencies organically over 25 years
- Most 211s are available 24/7 every day and in 180 languages



211

96% U.S. Population Coverage



211

Contacts

Calls, Web Chat, Text & E-Mail



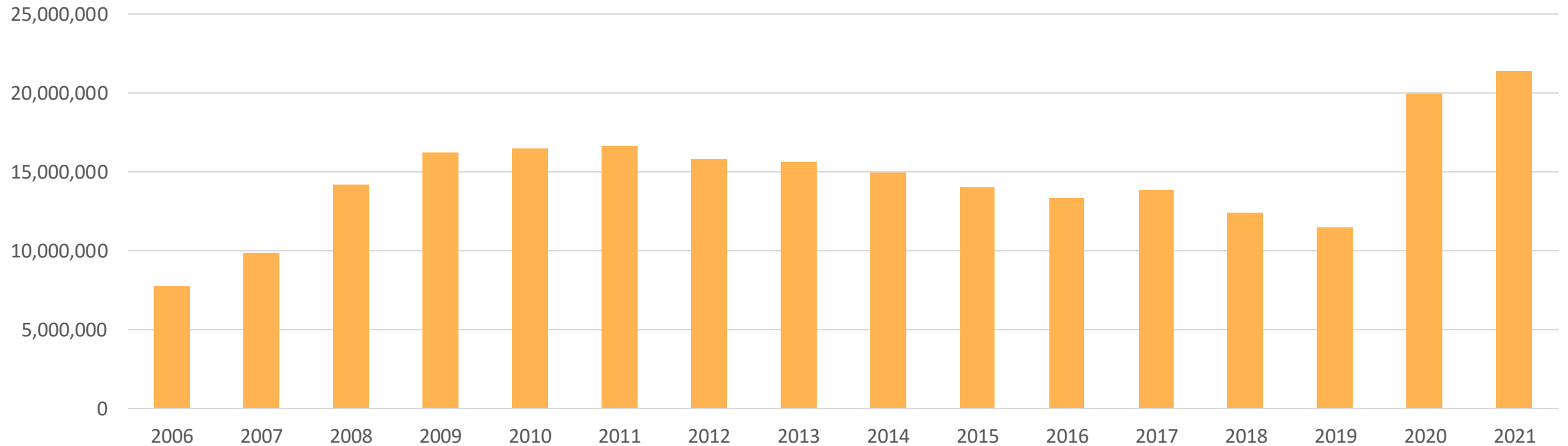
Notable Contact Data

2019	
Phone Calls	11,029,047
Texts	278,899
Web Chat	102,856
E-mail	48,040
Total Contacts	11,458,842
<i>Spanish</i>	398,302

2020	
Phone Calls	18,507,610
Texts	1,174,128
Web Chat	175,813
E-mail	160,703
Total Contacts	20,018,254
<i>Spanish</i>	1,870,077

2021	
Phone Calls	19,677,937
Texts	1,415,004
Web Chat	216,345
E-mail	97,733
Total Contacts	21,407,019
<i>Spanish</i>	1,731,016

211 Contact Volume



211

Connections & Resources

Referrals, Needs and Databases



From Hello to Help, 211 is Here.



23.3M
connections to help



4.1M
connections to
COVID resources



88%
volume increase
since pre-COVID



2.7M
connections to
reduce hunger



6.7M
meals delivered
with Ride United:
Last Mile Delivery

290K
connections to
transportation and
40K rides dispatched

111K
connections to
support services for
domestic violence
and human trafficking



4.3M
connections to
prevent homeless
with rent assistance

2.3M
connections to
utilities assistance

309K
connections to
disaster services



922K
connections to
financial assistance
and coaching

949K
connections to
mental health

2.8M
connections
to accessing
healthcare
resources

© 2022 United Way Worldwide | CDMM-220215

In 2021 The 211 network responded to more than 21 million requests for help by phone, text, email and chat.

In 2021 211s made more than 23 million connections to critical services and help.

During the COVID-19 Pandemic, 211s responded to more than 41 million requests for help and made 11 million connections to COVID-19 resources.



Local Resource Information

“Folks in San Diego and California are going to do some community based work on the 211...We’re seeing a lot of interest in the local sharing of information. That’s one of the areas where we see growth opportunities for health information exchanges. Healthcare, as the saying goes, is local.”

Steve Posnack

**Deputy National Coordinator for Health Information Technology
Office of National Coordinator: US Dept Health & Human Services
Integrating EHR Use, Health Data Exchange Into Behavioral Health
Dec 6, 2018 / EHR Intelligence**



GET CONNECTED.
GET HELP.

211

211.org

- Begin search for local 211
- General information and link to local databases

Help starts here

211 connects you to expert, caring help.
Every call is completely confidential.



Call 211 for help

Can't call us? [Find a local 211](#)

[Get Help](#)

[Partner with Us](#)

[About Us](#)

[En Español](#)

[Donate](#)

[Call 211](#)

I need help...

[paying my bills](#)

[finding food](#)

[contacting a local 211](#)

Crisis & Emergency

[COVID-19](#)

[Disaster Recovery](#)

Housing

[Housing Expenses](#)

[Utilities Expenses](#)

Food

[Food Programs & Benefits](#)

Health

[Healthcare Expenses](#)

[Mental Health](#)

[Substance Use](#)

Peninsulas 2-1-1



[Call 211 or \(866\) 736-9634](#)



[Search for resources online](#)

Toll-Free Alternative Number: (877) 211-9274

Available 24/7/365 in 180 Languages



211

211

Get Connected. Get Help.



9-1-1 and 9-8-8

— — —
April Heinze, NENA
Brandon Abley, NENA



911NENA911

NENA 9-1-1 / 9-8-8 Interactions Standard

The goal is to provide uniform best practices to stakeholders in the ECC environment and the new 988 system; and begin to address each entity's role and responsibility, the processes and training needed to properly handle mental health crises. The standard will also define how the 988 system can interconnect and utilize the 9-1-1 system for accurate 988 call routing and support for text messaging to 988.

NENA 9-1-1 / 9-8-8 Interactions Standard

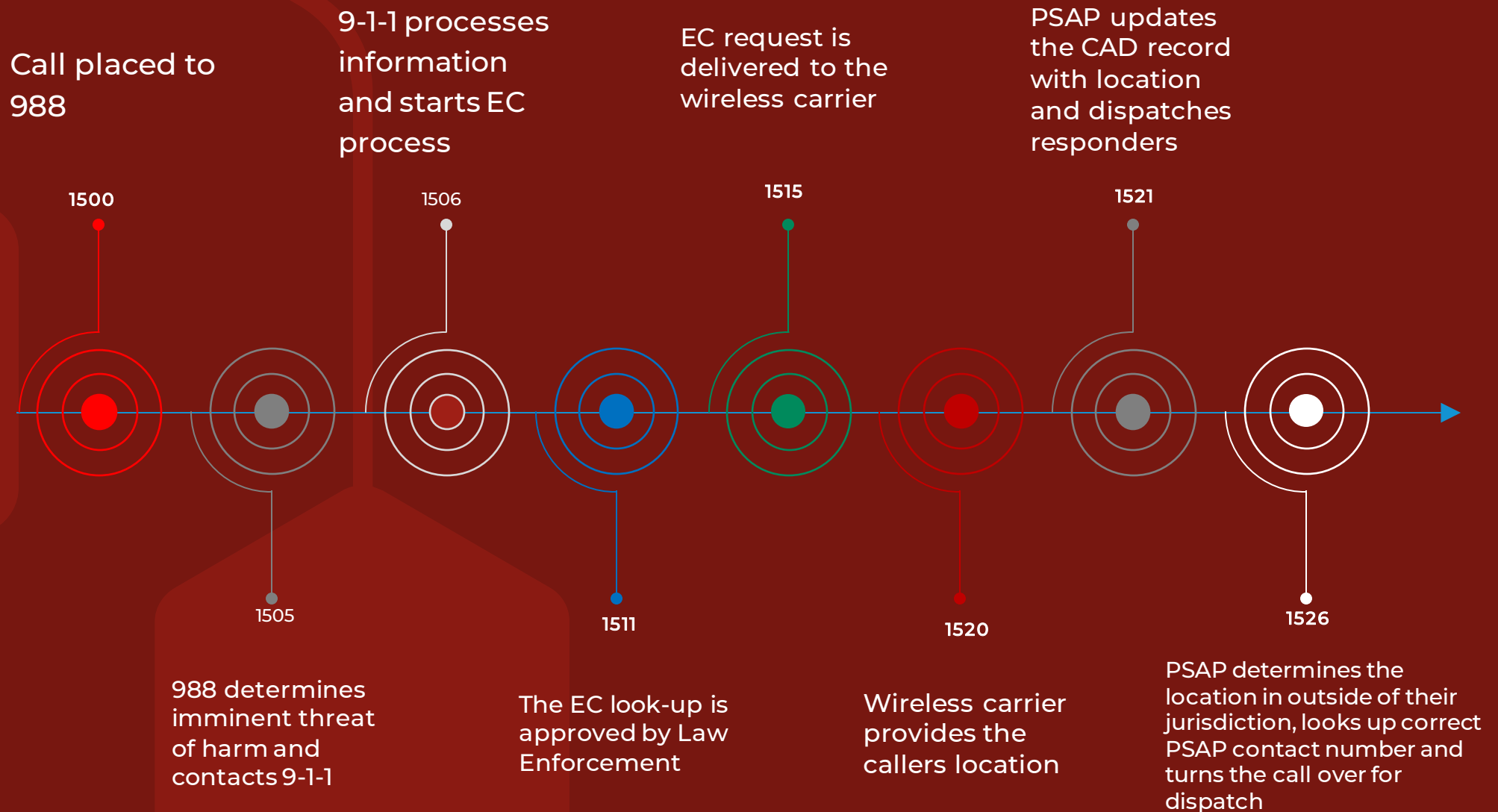
The standard will cover:

- Roles of 9-1-1 and 9-8-8
- Effective Collaboration
 - MOUs, Interagency Agreements, relationship management, call continuity, understanding legislative requirements at all levels
- Operational Considerations
 - SOP/Policy, information sharing, transfers, end user experience
- Operational Analytics
- Training Considerations
- Technical Considerations

Challenges For 9-1-1 Today

- 9-8-8 routes calls to the closest call center using area code
 - Number portability
 - Nomadic Society
- 9-8-8 does not receive geolocation today
 - Imminent risk of harm
 - Calls that don't belong to 9-8-8

Exigent Circumstances (EC) Look-Up



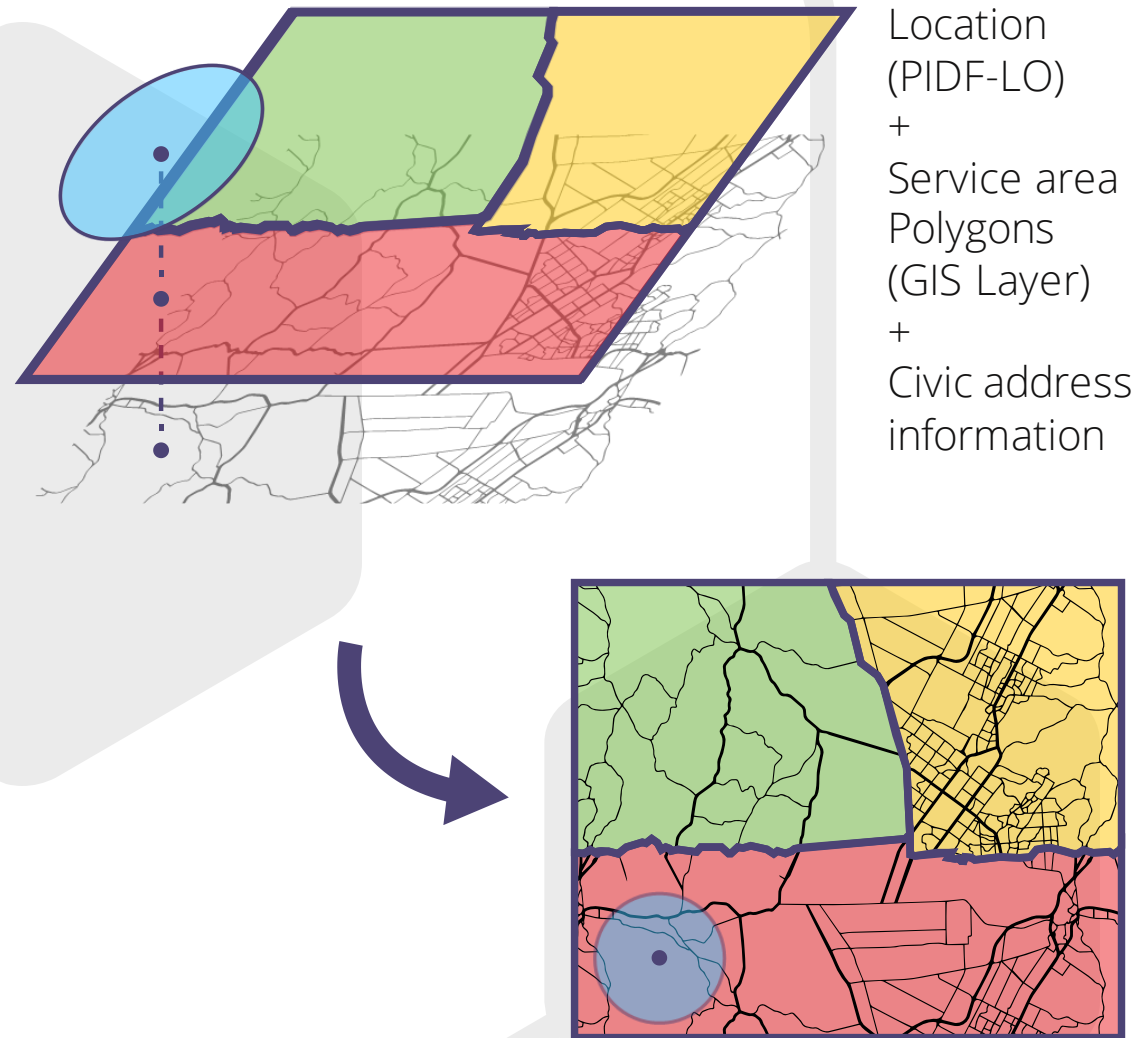
The Power Of Geolocation

- The call could be initially routed to the closest 988 Center based on location
- 988 can look-up the correct PSAP to request dispatch based on location for imminent threat intervention
- Responders can be sent immediately without long delays and added complexity of exigent circumstance look-ups
- **MOST IMPORTANT** – better outcome for the person in need of help

Just Use NG9-1-1

- The NG9-1-1 system was designed from day 1 to serve all N-1-1 and 9-Y-Y services from a single infrastructure
- NG9-1-1 systems being installed today could handle routing, queueing and transfer of 9-8-8 with no change
- Carriers and other 9-1-1 call sources could present 9-8-8 calls exactly the same as 9-1-1: same signaling, same circuits, same processes
- The NG9-1-1 system meets all of 9-8-8's needs with open, free technology and has already solved problems like geolocation
- Importantly, this provides instant interoperability with 9-1-1 entities, using off-the-shelf products and services that are available right now.

LoST: Location to Service Translation



- Internet Standard, IETF 5222
- LoST servers are used in NG9-1-1 including (ECRF/LVF and Forest Guide)
- LoST is a good solution for NG9-1-1, because NG9-1-1 needs interoperability
- In NG9-1-1, LoST is used by the ECRF to find the correct PSAP at a location or LVF to validate a location
- This same technology can be used for 9-8-8, providing:
 - An instant solution for 9-8-8 location and routing issues
 - An instant solution for interoperability with 9-1-1

Transfer N-1-1 and 9-Y-Y Calls Anywhere



Consider:

- Transfer between 9-8-8 and 9-1-1 to 988 without location is **very bad** because PSAP boundaries rarely conform to area code/exchange boundaries
- If a transfer is needed, it's because there is a **critical situation**, and by definition, seconds count, and misroutes waste seconds—**Save seconds, save lives**
- The same location accuracy needed for 9-1-1 is needed to dispatch field responders correctly
- Location can be made available to the system that routes calls **without making it available to 988 call takers**—unless the caller consents to providing their location

Problems solved for 9-8-8:

- Location
- Location integrity (e.g. validation)
- Location privacy
- Location-based routing (civic+geodetic)
- Policy-based routing (e.g. language)
- Secure call transfers between centers or specialists
- Media and language marking (e.g. to route to a Spanish speaking specialist, or to route a video session to someone who knows ASL)
- Security
- Interoperability between 9-8-8 systems
- Interoperability with 9-8-8 and NG9-1-1
- Backwards-compatible interoperability with E9-1-1


... with free, open standards-based technology

THANK YOU!

— — —
babley@nena.org
aheinze@nena.org



911NENA911



Lifeline Technology and Location Data Usage

Current and Future

May 2022

Brief Summary

Overview: How the Lifeline Routes and Uses Geolocation Data Today

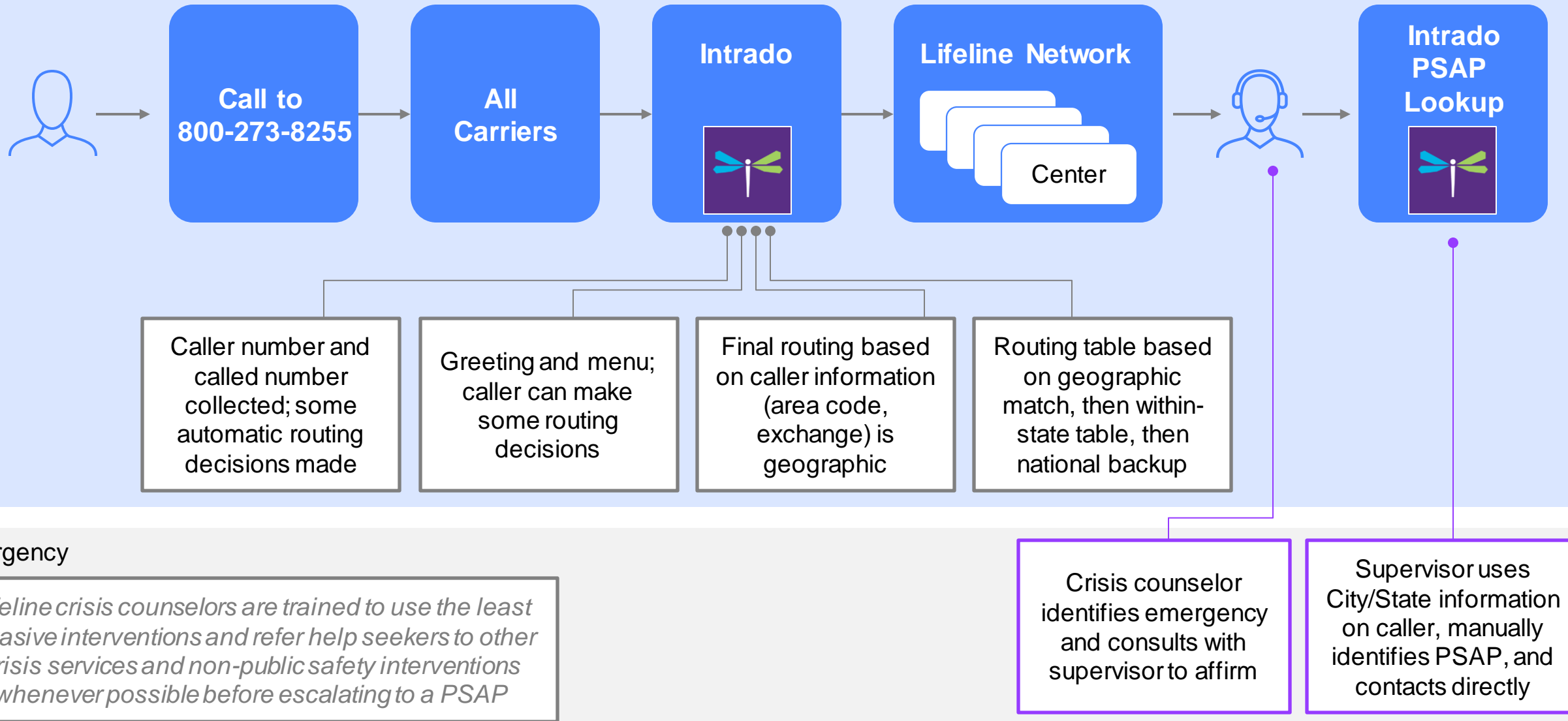
- Lifeline primarily uses centralized routing logic
- Current routing is based on caller's phone number for voice & SMS text (area code and exchange) and self-identification for chat (zip code)
- Emergency dispatch is based on caller's number unless they provided better data

By Channel: Lifeline Technology Architecture and Routing

- Current state: How Voice, SMS Text, and Chat work today
- Future State: Vision for 988 Unified Platform

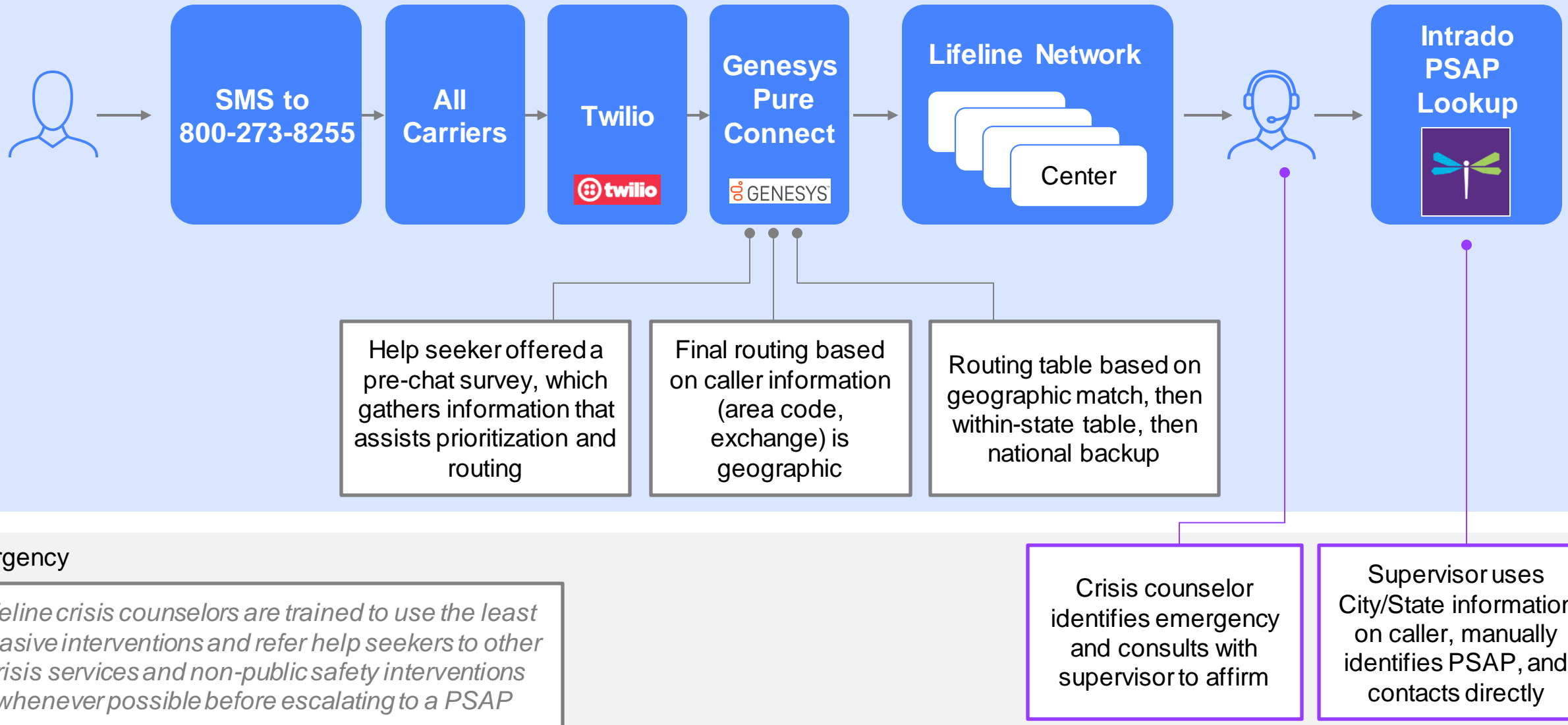
Current Lifeline Technology Architecture – Voice

May 2022 Current State



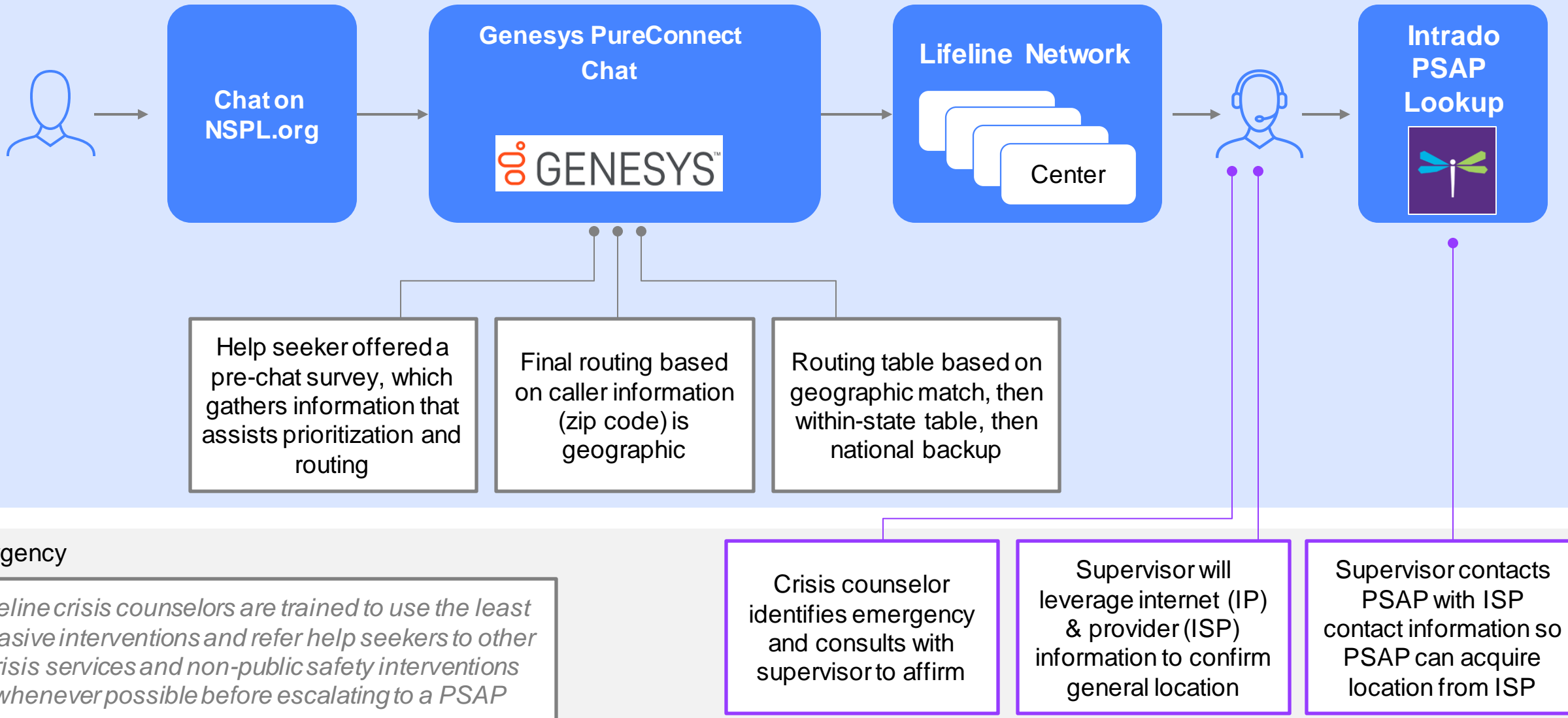
Current Lifeline Technology Architecture – SMS Text

May 2022 Current State



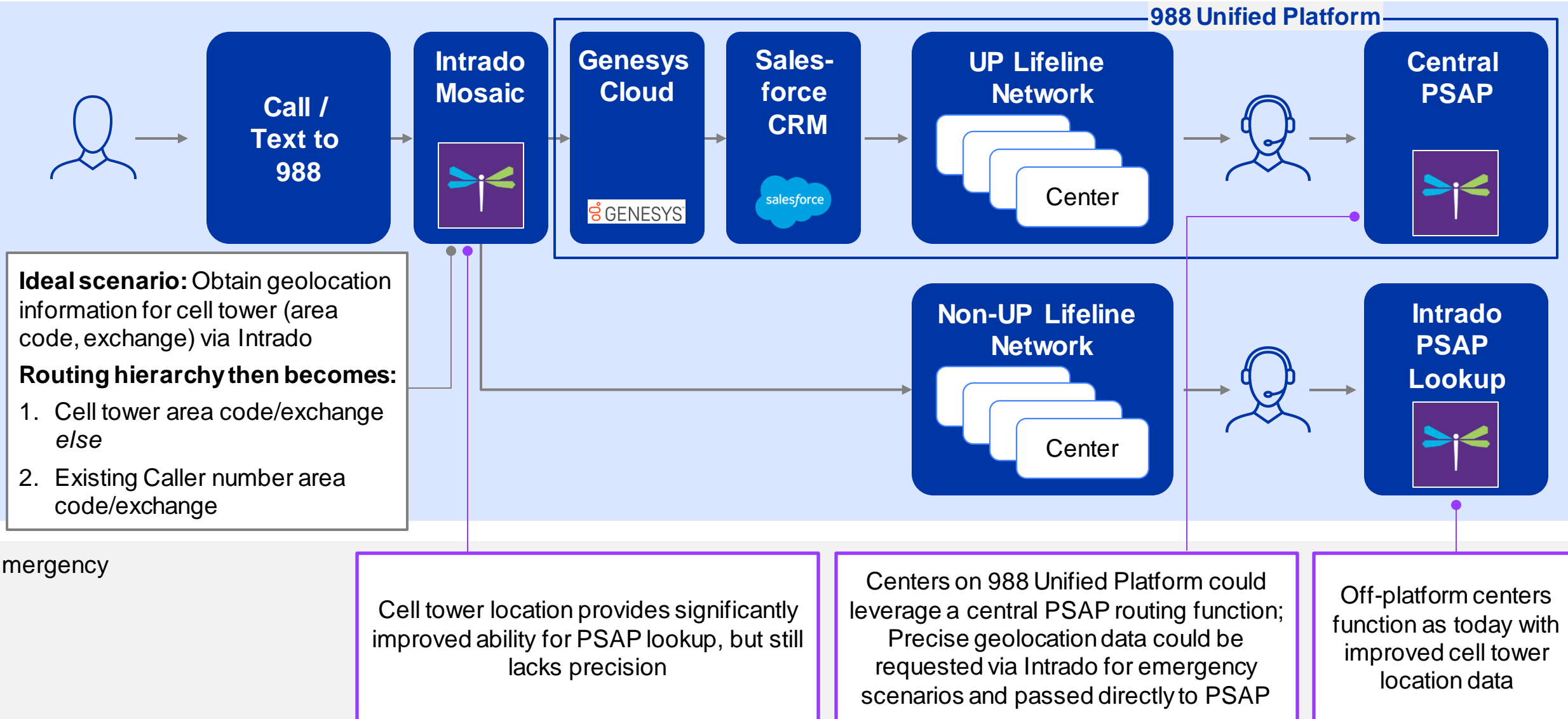
Current Lifeline Technology Architecture – Chat

May 2022 Current State



Future Lifeline Technology Architecture – Voice & SMS Text

Planned for Late 2022 into 2023



Recap

For improved routing:

- Access to additional geolocation data for all calls & SMS texts
- Ability to directly connect to PSAP via Intrado with precise geolocation for emergencies
 - Provide indirect access through 988 Unified Platform; limit access to location data



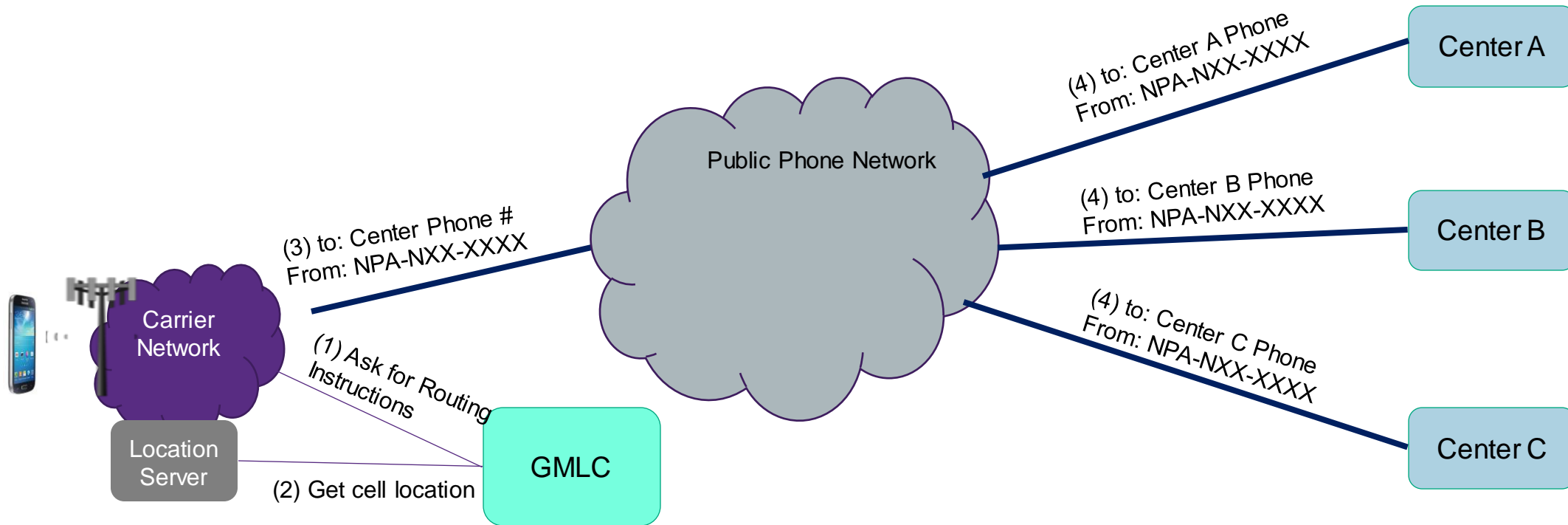


988

John Snapp
May 24, 2022

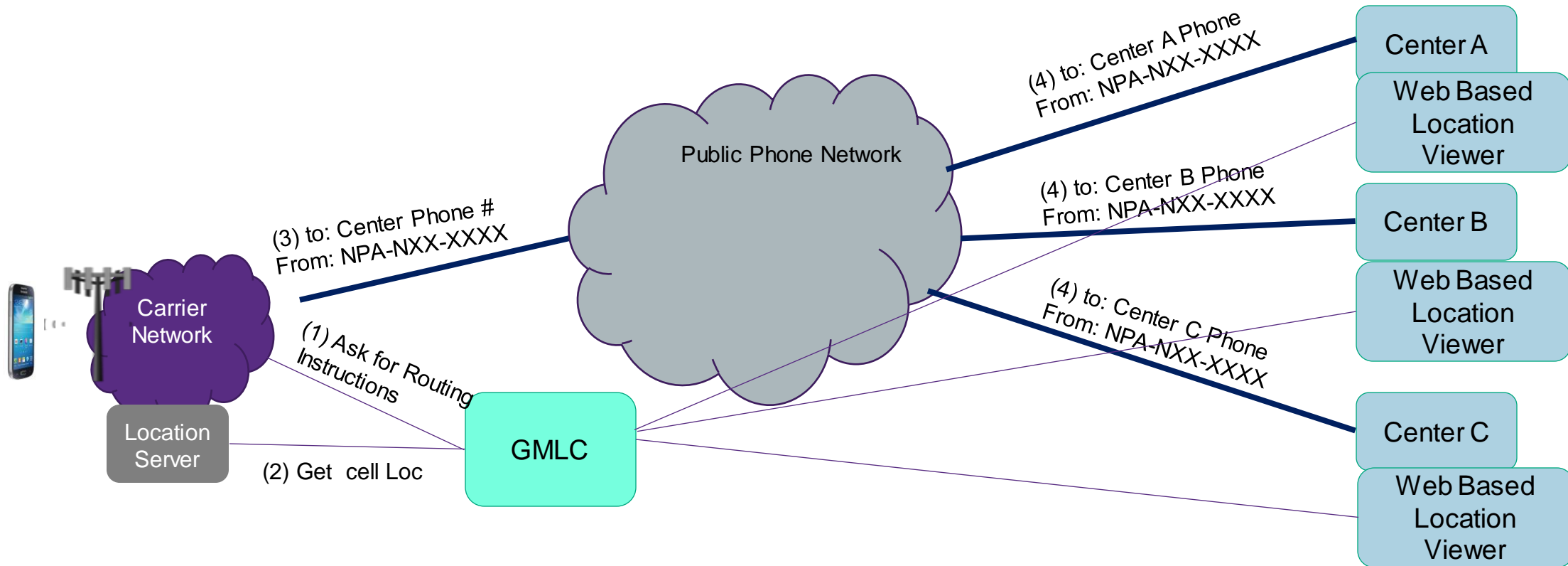


Location based routing of 988 call using cell based location

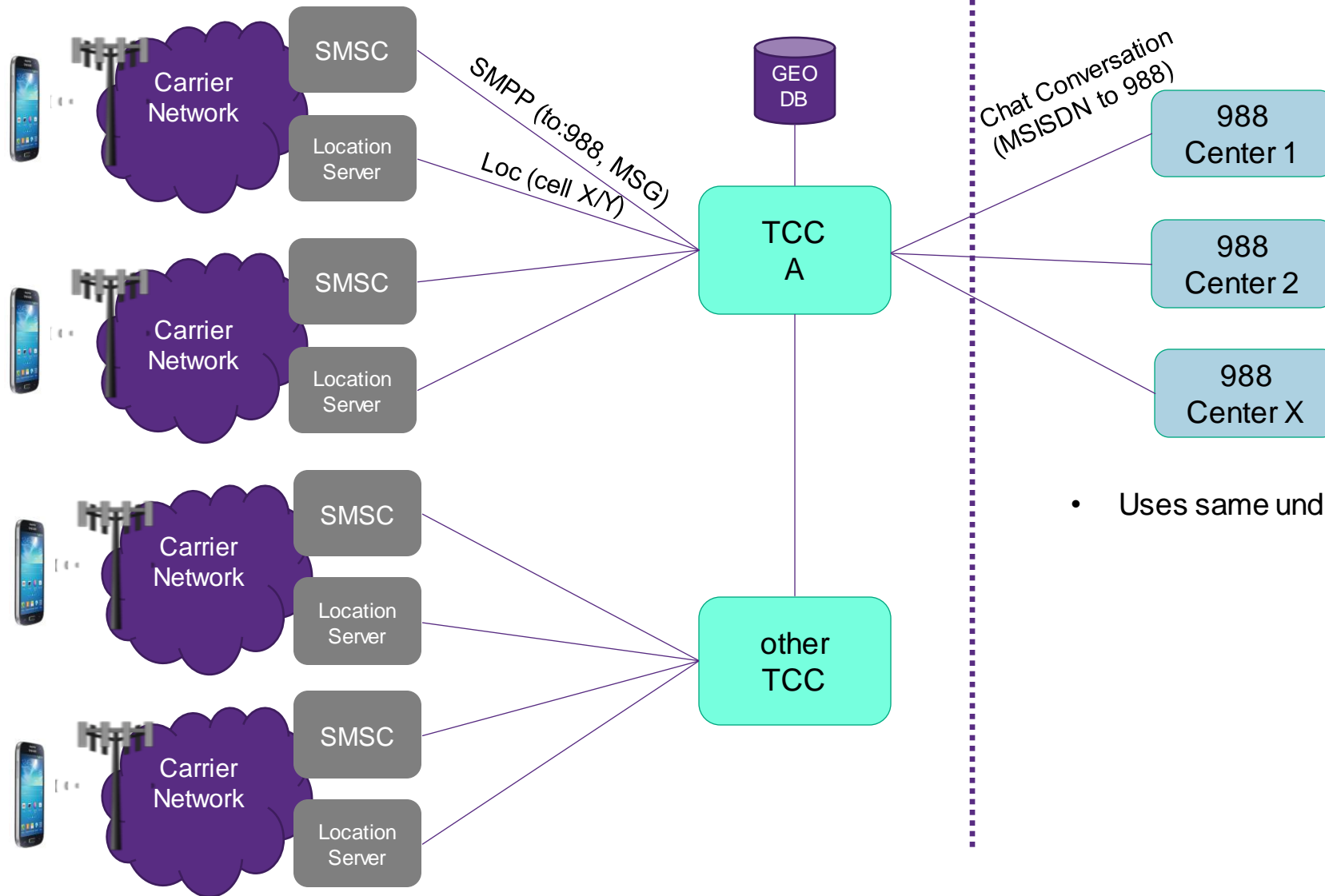


- Carrier uses Cell Location to determine center to route call to
- Carrier routes call to center over PSTN
- Utilize cell based routing functionality of 9-1-1

Delivering Cell Based location data to 988 center



Possible Routing Text-2-988 using Geolocation



- Uses same underlying infrastructure as Text 2 9-1-1



988 Geolocation Forum

May 24, 2022, 9:30a – 4:00p



Federal Communications Commission

U.S. Dept. of Health and Human Services

U.S. Dept. of Veterans

More Information and Copy of Livestream will be available at:

<https://www.fcc.gov/news-events/events/2022/05/forum-geolocation-988>